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The Health of Bradford 1972



The Annual Report of the Medical Officer
of Health and Principal School Medical Officer
William Turner, M.B., F.F.C.M., D.P.H., LL.B.

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HEALTH
OF
BRADFORD
1972

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and

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and

Mrs. R. ACKROYD, Miss E. GRAHAM, Mrs. A. K. GRAUPNER

Mr. K. GRAVELING and Mr. R. S. PUDDY

Senior Public Health Officers as at 31st December, 1972

Medical Officer of Health and Principal School Medical Officer	W. TURNER, M.B., CH.B., D.P.H., LL.B., F.F.C.M.
Deputy Medical Officer and Deputy Principal School Medical Officer	G. M. PRIESTMAN, M.B., CH.B., M.R.C.G.P., D.P.H., M.F.C.M.
Principal Medical Officer (Mental Health and Child Guidance)	H. P. BURROWES, M.B., B.S., D.P.H., D.P.M.
Senior Medical Officer (Maternity and Child Guidance)	KATHLEEN M. LUMB, M.B., CH.B., D.(OBST.), R.C.O.G., D.P.H., D.C.H., M.F.C.M.
Senior Medical Officer (Geriatrics)	S. HUSAIN-QURESHI, M.B., B.S., D.P.H., D.T.M. & H., M.F.C.M.
Senior Medical Officer (Epidemiology)	G. A. BELL, L.R.C.P., L.R.C.S., L.R.F.P.S., M.F.C.M.
Senior School Medical Officer	G. WARNES, M.B., CH.B., D.P.H., M.F.C.M.
Senior Medical Officer (Child Health)	J. NORMA TOWLER, M.B., CH.B., D.P.H., D.C.H., M.F.C.M.
Senior Assistant Medical Officer (Anaesthetics)	R. W. HILTON, B.SC., M.B., CH.B.
Area Medical Officers/School Medical Officers	MORILEE BESWICK, M.B., CH.B. R. G. CRAWFORD, M.B., CH.B. S. HABIBA, M.B., B.S., D.G.O., D.A. MARJORIE L. PENWILL, M.B., B.S., D.C.H., D.R.C.O.G. ROXIE WOODHEAD, M.B., CH.B. MARGARET WHITHAM, M.B., CH.B.
Principal Dental Officer	M. J. M. MACKAY, L.D.S., D.D.P.H.R.C.S. (Eng.).
Area Dental Officers	G. H. BULLOCK, L.D.S. M. J. DOBSON, L.D.S. C. C. DUCKWORTH, L.D.S., B.D.S., D.D.P.H.R.C.S. (Eng.). D. HODGSON, B.C.H.D., L.D.S. P. O. HOLT, L.D.S. M. PARKER, B.C.H.D., L.D.S.
Chief Public Health Inspector	F. H. MYERS, M.R.S.H., M.A.P.H.I.
Principal Officer (Administration)	S. HORN, F.C.I.S., F.H.A., A.M.B.I.M.
Superintendent Health Visitor and School Nurse	JULIA BUTTERWORTH, S.R.N., H.V.CERT., (QUEEN'S NURSE), D.N. (Leeds).
Superintendent District Nurse	MARGERY A. FLINT, S.R.N., S.C.M., H.V.CERT., (QUEEN'S NURSE)
Supervisor of Midwives	EVELYN R. ENTWISTLE, M.B.E., S.R.N., S.C.M., M.T.D., H.V.CERT., (QUEEN'S NURSE).
Ambulance Officer	J. CLARK, F.I.A.O.

PREFACE

I am presenting the account of the work during 1972 of the various sections of the Health Department which is to be found in the pages of this report. I wish to thank all members of the staff of the Health Department for their work during the year and many other officers of the Corporation for their help and co-operation. The Public Health Committee was chaired until May by Alderman J. N. Horsfall, O.B.E., and after that time Alderman J. McKee returned to the position. I am grateful to both Aldermen for their leadership and support as well as to Councillors Foers and Vincenzi who acted as conveners of the Health Executive Group during this period. Finally, I thank all members of Executive Groups, Committees and Council who have contributed in many ways to the running of the Health Services.

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Manchester Road,
Bradford, BD5 0QQ
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WILLIAM TURNER,
Medical Officer of Health and
Principal School Medical Officer.

MATERNITY SERVICES

The figures quoted in this chapter were obtained from Departmental records.

Births

The total number of births to Bradford women in 1972 was 5,117, including 85 stillbirths and 89 babies born to Bradford women who were delivered outside the City. The figure of 5,032 live births was 531 fewer than in the previous year, and reduced the crude live birth rate from 19.0 per thousand population in 1971 to 17.1 in 1972. The adjusted rate is 17.8 compared with an adjusted rate of 19.8 in 1971. Despite this fall the birth rate for the City is still higher than the rate of 16.0 for England and Wales.

Only 233 babies were born at home in Bradford in 1972 compared with 316 in the previous year. The number of hospital deliveries accounted for 95.4 per cent of the total City births (94.4 per cent in 1971). Included in the hospital confinements were 920 Bradford women who were delivered in the General Practitioner Unit under the care of the Domiciliary Midwifery Service. The number of patients living outside the City who were also confined at the G.P. Unit was 128, making a total for the Unit of 1,048 births (1,233 in 1971).

Planned early discharge of mothers and babies to the care of domiciliary midwives and general practitioners continues to be the policy at all the maternity units.

Stillbirths

The number of stillborn babies notified in the City was 85. During the previous year there had been a record low number of stillbirths (58), but the 1972 figure is disappointingly high. The stillbirth rate in 1972 was 16.6 per thousand births compared with 10.3 per thousand in 1971. The 1972 stillbirth rate for England and Wales was 12.0.

Four stillbirths occurred at home in Bradford, one was born outside the City to a Bradford woman, and the remaining 80 stillbirths occurred on the Consultant Units.

Of the 85 stillborn babies, 58 were premature, and 33 (57 per cent) of them weighed less than 1,500 gms.

Perinatal Mortality

Of the 5,032 liveborn babies, 85 died during the first week of life (72 in 1971). The early neonatal mortality rate was 17.09 per thousand live births (12.45 in 1971). The total of perinatal deaths in 1972 was 171, giving a perinatal mortality of 33.2 (22.8 in 1971).

Of the 85 babies who died in the first week of life, 60 were premature, and 34 weighed less than 1,500 gms.

The total number of babies dying in the first month of life was 101, giving a neonatal mortality rate of 20.1 per thousand live births, (14.8 in 1971).

The proportion of babies dying in utero, in the first week of life, and in the first month of life was unfortunately higher in each group than in the previous year.

Congenital Malformations

Congenital malformations are reported to the Local Authority on the birth notification record. During 1972, 93 babies were notified as having defects recognisable at birth. The number of malformations reported was 111, as several babies were born with multiple defects.

Not all congenital anomalies are apparent at birth and the number of notified defects is known to fall short of the total number of malformations occurring. As in previous years no case of congenital heart disease was reported on the birth notification, yet several are known to have occurred; similarly not a single case of congenital dislocation of the hip was notified at birth, despite routine screening for this condition soon after birth. Early recording of malformations obviously gives to the Registrar General an incomplete picture of the total number of congenital defects.

Maternal Deaths

There was one maternal death in the City in 1972. This patient died in the Bradford Royal Infirmary's Intensive Care Unit having been taken seriously ill late in pregnancy. She was delivered of a stillborn baby soon after admission and died several days later. The mother's death was due to a fulminating bronchopneumonia.

Illegitimacy

There were 567 babies born illegitimately to Bradford women in 1972, giving an illegitimacy rate of 11.0 per cent. This is slightly less than the previous year when the rate was 11.9 per cent, (13.0 per cent in 1972 according to the General Register Office).

The mothers of 247 of these illegitimate babies were living with the putative father and some of the pregnancies were planned ones, the mothers having been offered, but declining to accept, contraceptive advice. Eleven girls were less than 16 years old when their babies were born; a significant reduction from the previous year when 22 girls under the age of 16 were confined.

Twelve of the 567 babies were stillborn giving a stillbirth rate for illegitimate babies of 21.1 per 1,000—considerably higher than the total City stillbirth rate of 16.6.

Detailed statistics of illegitimate births are given in the Appendix.

Family Planning

In 1972 the Local Authority Family Planning Service undertook a considerably increased volume of work both in the clinics and in the domiciliary field. This service has expanded rapidly since the first Local Authority Clinic was opened in April, 1968.

New patients seen in Local Authority Family Planning Clinics				
Year	1968	1969	1970	1971
Number	256	525	1,114	1,676

Including the 2,538 new patients seen in 1972 the total number of attendances at the clinics was 8,998. The number of domiciliary visits by family planning nurses in 1972 was 2,610. The number of doctor sessions held in the clinics was 450.

On 1st April, 1972 the Local Authority discontinued the National Family Planning Agency Scheme of the Family Planning Association. Since that date all patients in medical or social need of family planning advice have been seen, free of charge, by Local Authority staff. The Family Planning Association continues to operate clinics in Local Authority premises for fee-paying patients.

With an increased number of trained Local Authority staff it became possible during 1972 to hold weekly family planning clinics in four of the peripheral centres in addition to the sessions already held weekly at the two maternity hospitals (for post-natal patients) and several times weekly at Edmund Street Clinic. New clinics opened in 1972 were at the Eccleshill, Green Lane, Holmewood and Odsal Centres.

Each of the branch clinics is staffed by one medical officer, two or three nurses, and one clerk. An interpreter is also present at the Green Lane Centre. At each of these peripheral clinics one nurse is responsible for the domiciliary work in the area. Edmund Street continues to be the main centre for family planning work and four clinics are held there each week with a total of six doctor sessions and twelve nurse sessions.

Six Local Authority medical officers are now trained in family planning techniques and undertook at least one clinic session per week. One full-time and seven part-time family planning trained nurses staffed the clinic and domiciliary service.

The main reasons for a domiciliary visit (in order of frequency) were as follows:—

1. Patient on an oral contraceptive defaulted follow-up clinic appointment.
2. Patient defaulted initial appointment.
3. Patient required home consultation to discuss methods (at request of doctor, nurse or social worker).
4. Patient required transport to enable her to attend initial appointment.

Of the last 1,000 new patients seen only 146 were Asian women and of these 146 a significant number are known to have given up the method they requested after only a few weeks. Despite having an Asian interpreter to talk to non-English speaking patients at home and in the clinic, and despite having a Pakistani doctor at the central clinic, it is extremely difficult to encourage the majority of Asian mothers to space their families or to plan the number of their children.

Pupil midwives attended the Local Authority family planning clinics as part of their training. Family planning is now rightly established as an important part of the maternity care given to all mothers.

Screening for Cancer of Cervix and Breast

The total number of patients seen in the screening clinic in 1972 was 3,735 of whom 2,157 were new patients and 1,578 were returning for repeat examination after a three years' interval. As 55 patients were examined more than once during the year, at the request of the Cytologist, the total number of cervical smears taken was 3,790, compared with 3,921 in 1971.

The number of women who had definite positive smears was 24 and a further 31 had smears which were cytologically suspicious and require a repeat examination within the next two years.

Of the 24 women with positive smears 10 were less than 35 years of age and three had normal cytology three years previously.

The year 1972 saw the introduction of a standardised national cervical cytology record form and recall scheme, and on 1st January the national form was substituted for the local one previously used. The national scheme is based on a five-yearly recall of women aged 35 years and above. Because our local experience suggests that women less than 35 years should be screened, the lower age limit in Bradford is routinely 25 years. We are also prepared to offer repeat examinations at three-yearly intervals (as previously) to any women who request this. The Bradford scheme of recall by the Local Authority Computer System has worked well, and patients are sent a routine reminder and invitation to a follow-up appointment.

New patients are offered a routine clinical examination of the breast and shown how to continue self-examination at monthly intervals.

Municipal Midwifery Service

The Service has been fully staffed throughout the year. Four members of the staff have been replaced, one having died following an accident whilst off duty, one returned to the hospital service, the third went to work for a local authority nearer to her home and the fourth left for family reasons.

In spite of long periods of illness experienced by some of the staff, a 24 hour covering service has been adequately maintained by their colleagues. Excellent support was given by the Bradford Corporation Ambulance Service, the Health Visiting Service, the Family Welfare Service and the Home Help Service, although the latter is now administered by the Social Services Department.

With the opening of a new clinic in July, the total number of weekly midwives' ante-natal clinics totals 33, and 19 general practitioners see their patients at surgery alternately to the midwives' ante-natal clinics.

A Local Authority medical officer attends each clinic weekly or fortnightly, and blood samples are taken from all patients except those of doctors who prefer to do their own.

During the year there have been two additions to the blood sampling carried out during the ante-natal period.

The levels of antibodies to Rubella (german measles) are being determined and where mothers are shown not to have had the disease they are being vaccinated immediately after the birth of the child.

Analysis of many bio-chemical factors is also being carried out, and there is particular interest concerning the levels of serum calcium, phosphate and alkaline phosphatase, which are indications of nutritional status, particularly in relation to mothers of Asian and West Indian origin.

Many mothers who subsequently deliver in the City's Consultant Maternity Units have been referred from the midwives' ante-natal clinics via the patients' general practitioner in accordance with the agreed 'at risk' categories drawn up by the Maternity Liaison Committee.

A great improvement in the service to the patient and the family would be achieved if more ante-natal care for hospital booked patients could be carried out in a Local Authority clinic near to the patient's home. Many mothers find the journey to the hospital, often with small fretful children, expensive, exhausting and very time consuming. More school children are coming home for mid-day meals. This trend may well increase with the proposed rise in the cost of school meals, and mothers become disturbed at the thought of not getting home in time.

Home confinements have fallen again this year to 234 and 74 mothers were delivered at home who were booked for hospital confinement or had made no arrangements at all.

The G.P. Unit M4—Bradford Royal Infirmary is still fully staffed by domiciliary midwives and is popular with staff, patients and general practitioners. There is a slight reduction in the number of deliveries from 1,112 to 1,047 which reflects the general trend in the birth rate in the city, but there is an increase in the number of mothers booked and delivered from areas outside the City boundary from 121 to 128.

Good relationships and liaison exists between general practitioners and the domiciliary midwives, but because of distances, off-duty periods, and other pertinent factors, it is still not feasible to attach midwives to group practices.

As a result of changes by the Central Midwives Board in pupil midwife training, 28-day follow-up was introduced for patients used for case histories. It would be advantageous and not impossible for this service to be extended to all mothers, particularly immigrants, those of lower social class and others who lack confidence and family support.

Liaison with hospitals

The patients delivered on M4 G.P. Unit continue to have the benefit of all hospital services, e.g. Consultant care, laboratory facilities, physiotherapy, C.S.S.D., etc.

In the ante-natal period the domiciliary midwife investigates the home of every woman booked for Consultant Unit delivery and this is often

repeated at the hospital's request after delivery, with a view to her early transfer home to the domiciliary midwife's care.

A system of revisiting these women at the 26th week of pregnancy has been introduced in order that changes in circumstances can be noted, to ensure that preparations are going ahead, and also to give the patient and the midwife more opportunity to get to know each other and establish a strong relationship.

The domiciliary midwives visit hospital clinic defaulters and frequently escort them to the clinic to ensure their attendance. Visits are also made to patients with hypertension and other conditions whilst awaiting admission to hospital. Other routine visits to hospital patients are those on iron or other courses of injections.

Escort duties, in addition to mothers and babies discharged home daily from the maternity units, include the admission of hospital and unbooked patients in emergency situations.

Statistics

Care of mothers in the ante-natal period

New bookings at Local Health Authority ante-natal clinics	...	2,480
Attendances at Local Health Authority ante-natal clinics	...	24,722
Blood samples taken at Local Health Authority ante-natal clinics		5,030
Post-natal examinations apart from cytology	...	336
Ante-natal visits, midwives to patients' homes: Own bookings		12,104
Ante-natal visits, midwives to patients' homes: Hospital	...	7,456
Hospital defaulter visits	...	462
Home investigation visits (regarding early transfer home)	...	8,262
Iron injections given (258 x 10 visits)	...	2,580

Parentcraft

Attendances:—Hospital and G.P. Unit patients	...	...	...	471
Home bookings	...	...	...	16
Physiotherapy only	...	...	...	—
Parentcraft only	...	...	...	—
Number of attendances	...	...	...	3,409
Psychoprophylaxis—24 patients (attendances)	...	...	...	192
Parentcraft evenings—112 couples (attendances)	...	...	...	224
			Total attendances	3,825

Births

	Live	Still	Total
Domiciliary	229	4	233
St. Luke's Maternity Hospital	2,120	55	2,175
B.R.I. Consultant Unit	1,675	25	1,700
B.R.I. G.P. Unit	920	—	920
Transfers in	88	1	89
			5,117

Outside City Births

	Live	Still	Total
Domiciliary	1	—	1
St. Luke's Maternity Hospital	305	8	313
B.R.I. Consultant Unit	537	9	546
B.R.I. G.P. Unit	127	1	128
			988

M4—G.P. Unit

Admissions	...	...	...	...	...	...	...	1,613
Deliveries	...	...	...	...	...	...	...	1,047
Transferred to Cons. Unit	249

Care of Mothers after delivery

Mothers delivered at home	234
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Visits made to mothers delivered at home	5,851
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Mothers transferred home after delivery to the care of domiciliary midwife and general practitioner	3,650
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	0-48 hrs.	3-7 days	8-10 days	10 days+	(Prems.)
S.L.M.H.	...	1,051	200	104	246 (100)
B.R.I. Cons. Unit	...	462	197	87	125 (55)
B.R.I. G.P. Unit	...	876	125	45	32 (11)
Visits paid to above
					31,050

INFANT HEALTH

Development Assessment

This project has now completed two years of screening for defects and progress. The health visitors have managed almost without exception to see all the children born on or after 1st January, 1971, where they have remained within the City. All "failed" tests were reported centrally and the information collated by the Deputy Superintendent Health Visitor and the Senior Medical Officer, Child Health. The hearing and visual defects were directly referred to the appropriate consultants at the Ear, Nose and Throat Unit at Bradford Royal Infirmary or Manor Row Clinic, and other defects were referred to the central register at the Child Guidance Clinic. The gross physical handicaps such as spina bifida and hydrocephalus were referred to the Senior Medical Officer for his review at two years.

Those with known mental defects, e.g. mongols, retarded development or congenital abnormalities were investigated according to urgency by full assessment of medical, physical and social conditions. The case conference system has proved most helpful, and the social score, SIPPSSA, has proved a useful yardstick. It appeared that out of a total of a possible 12 points, a critical level as low as 3 or 4 points indicated that much supervision of the family would be required. However, the simple format (described in the Annual Report for 1971) failed to account for some social circumstances such as perpetual unemployment or one-parent families which had considerable bearing on the family's ability to cope. The score has revised as follows:—

Social Class	1 and II = 3 III = 2 IV and V = 1 Unemployed = 0
I.Q.	Above 70 = 3 Below 70 = 2 Below 50 = 1 Below 30 = 0
Parity	1 or 2 = 3 3 or 4 = 2 5 or 6 = 1 7 and over = 0
Parental ability	Good = 3 Moderate = 2 Poor = 1
Stimulation	One parent Family = 0 Attending Nursery = 3 Adequate at Home = 2 Inadequate = 1 Neglect or Abuse = 0
Associated Physical Handicaps	None = 3 One = 2 2 or more = 1 Behaviour problem = 0

The early notification of all handicaps has given information to heads of departments for their use in expansion programmes within the City:

1. To the Director of Education

Although not all the "under 5s" are assessed as yet, those found during the past two years give indication of the likely total by the end of 1976. The number of places required in special schools or other specialised forms of education in all categories are calculated for the expansion and rebuilding programmes currently under consideration. Full use has been made of the nursery class facilities now available in all the E.S.N. (M) schools and placement in ordinary day nursery accommodation on medical grounds has expanded.

2. To the Director of Social Services

Information from the assessments is now available for consideration of the requirements of the "under 5" group in the community in general. Special requirements for the handicapped "under 5s" are also under consideration in the expansion schemes currently proposed.

The Social Services Department now administers the hostels for long and short stay placement of subnormal children. Those children requiring a period of observation away from home can now be accommodated in the new hostel attached to Roundthorn E.S.N. (S) School for this purpose. The hostel is equipped to take cot cases.

It has become more apparent that families with handicapped children are often without guidance as to the best form of stimulation at home whilst waiting for a suitable placement. Early stimulation is considered essential to promote maximum development and a Committee composed of representatives of the Education Department, the Health Department, and the educational psychologists, psychiatric social workers, and head teachers of special schools is now formed to discuss the best way of providing it.

3. To the Medical Director of the Hospital for Mentally Subnormal Children

Information from this file has enabled the Consultant to see and advise where he can help in giving temporary or permanent relief to those families in need. Special interest is indicated in the follow-up of handicaps in immigrant families.

Full development assessment has always included a case conference involving the health visitor, social worker, psychiatric social worker and head teacher of the E.S.N. (S) school(s), senior medical officer and any other interested parties. This is proving helpful to the head teachers who are likely to admit the children to their schools. Consideration is given to social needs as well as degree of handicap when priority is sought for very early admissions which may be at two years or younger.

The New Developmental Assessment Unit

Those directly concerned with assessing, treating, recommending and follow-up of subnormal and handicapped children are now able to use the new premises erected during the summer in the grounds of the Children's Hospital. This Unit comprises a large playroom/observation room, a medical room, speech therapy/medical social worker's room and a conference room. It has proved advantageous to have it so centrally placed—and a

central index has developed which also incorporates information from the hospital medical files. It is used at present as a diagnostic centre by the Senior Medical Officer, Child Health, mainly for the under five age group, the Child Psychiatrist and his Psychiatric Social Worker and the Medical Director of the subnormality hospital. Each contributes to the central index. Therapeutic use is minimal as this is undertaken in the E.S.N. (S) schools where admission may be gained by two years (or before if necessary).

The Philadelphia Unit of Human Potential

In response to the growing interest and availability of treatment at this Unit, there are several children in Bradford whose parents are considering making the journey and undertaking the patterning. The intensity of the patterning would take up much of the child's waking hours and attendance at school would be impossible. It has been decided that where patterning is undertaken the child should be excluded from school on the grounds that he is receiving alternative education at home. The Local Authority would also undertake to see the children at six-monthly intervals for progress.

Although the results of the treatment in this country are at present unknown, there appears to be a limited time for patterning. The Local Authority would be required to make a decision regarding the child's return to school after a suitable interval.

Battered Babies

There followed from the preliminary meeting held towards the end of 1971, the recognition that further efforts could be made by interested parties towards forming a Committee to discuss ways and means of dealing with this problem. The interested persons were representatives of the following appointments within the City:

Hospitals—

Paediatric Consultants	...	...	...	...	...	...	2
Orthopaedic Consultants	...	...	...	...	...	...	1
Psychiatric Consultants	...	...	...	...	...	...	1
Medical Social Workers	...	...	...	...	...	...	2

Health Department—

Deputy Medical Officer of Health	...	...	...	...	...	...	1
Senior Medical Officer, Child Health	...	...	...	...	...	...	1
Superintendent Health Visitor	...	...	...	...	...	...	1

Social Services—

Assistant Director (Fieldwork, Domiciliary and Day Care)	1
--	-----	-----	-----	-----	-----	-----	---

N.S.P.C.C.

...	1
-----	-----	-----	-----	-----	-----	-----	---

General Practitioner

...	1
-----	-----	-----	-----	-----	-----	-----	---

Police

...	1
-----	-----	-----	-----	-----	-----	-----	---

Probation

...	1
-----	-----	-----	-----	-----	-----	-----	---

Executive Council

...	1
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15

The Committee so formed became The Child Abuse Co-ordinating Committee. Although somewhat large, it managed to meet every quarter, and under its guidance there evolved a system of intercommunication whereby the workers in the field were able to give information and receive help for families where it was known or suspected that abuse occurred.

Details were available from all field workers concerned on a case conference basis which could be called at very short notice, if required, by a few interested persons forming a sub-committee. Much of the field work was carried out by the health visitors, who, by the nature of their visiting, were in a position to know their families well. The confidentiality of this kind of work was kept constantly in mind, though much help and guidance has been given where required, by the case conference system. The main Committee was concerned solely with broad principals, and the management of available information has approved the methods of communication between parties and the method of collating and keeping the details. It is concerned that the accent is on prevention of much morbidity, by increased awareness and quick action in response to the now better known signs and symptoms of this syndrome.

Child Deaths from 28 days to 15 years

Total	...	...	...	90	=	100%
Asian	...	...	...	24	=	27%
Under 1 year	...	...	...	40	=	44%
Accidents—Total	...	...	...	19	=	20%
Fire	...	...	...	5		
Road	...	...	...	11		
Drowning	...	...	...	1		
Others	...	...	...	2		
Severe congenital defects	...	...	...	11	=	12%
Sudden cot deaths	...	...	...	13	=	14%
Malignancies	...	...	...	9	=	10%
Total infections	...	...	...	31	=	34%
Other causes	...	...	...	7		

Children admitted to Hospital suffering from Poisoning

There has been a considerable increase in the number of such admissions during the last 10 years.

During his appointment as Resident House Officer at the Bradford Children's Hospital, Dr. O. Banafaa analysed the admissions during 1972 as follows:—

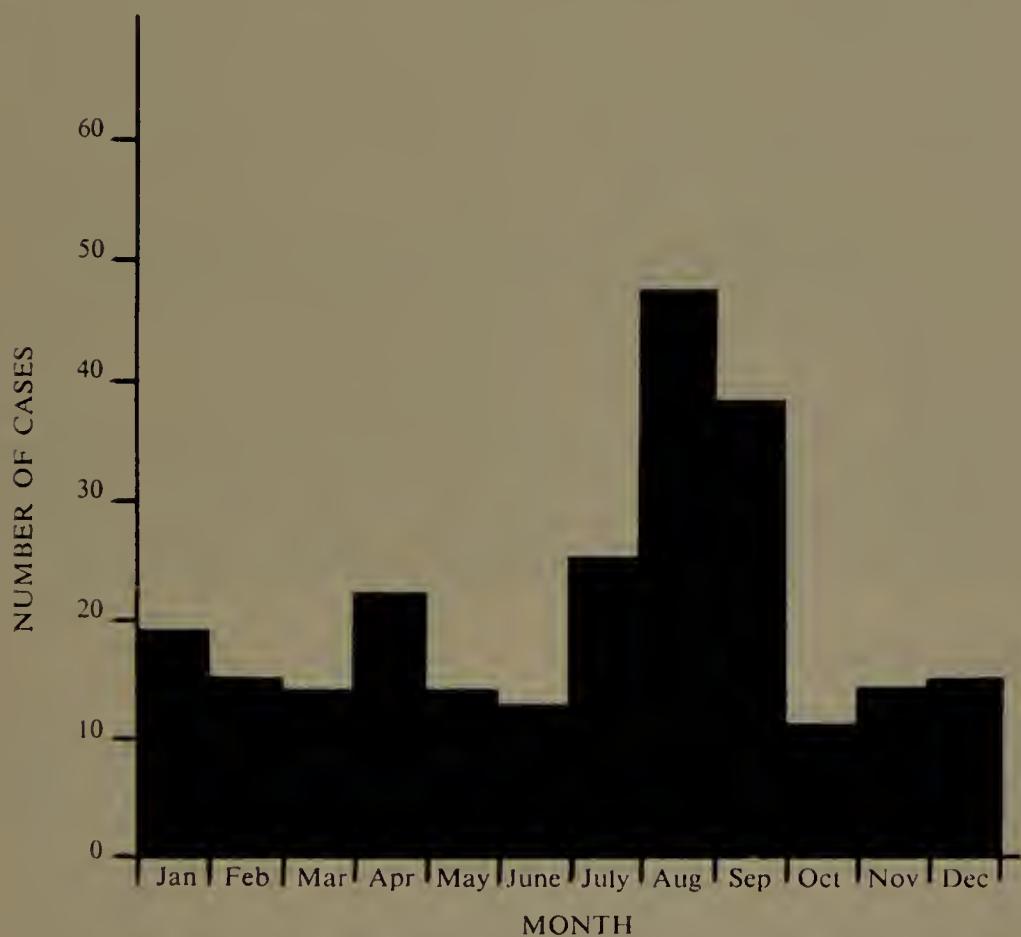
1. Total admissions 247 (126 males and 121 females),

Causal agent—Therapeutic	143	Household	61	Plants	43
1. Central Nervous System		Bleach	6	Laburnam	24
(a) Analgesics (asprin) ...	46	Turpentine	8	Berries	7
(others) ...	5	Paraffin	5	Lupin	7
(b) Hypnotics (Mogadon Barbiturates) ...	12	Mouse Poison	5	Others	5
(c) Sedatives, Anti-depressants, Tranquilliser (Librium, Tofranil, Valium, Amitrypt) ...	17	Disinfectant	4		
		Sherry	4		43
		Whisky	2		
		Polish	3		
		Caustic soda	2		
(d) Anti-histamines (Phenergan, etc.) ...	11	Others	22		
2. Iron ...	5			61	
3. Vitamin ...	4				
4. Cough mixture ...	4				
5. Camphorated oil ...	4				
6. Others ...	35				

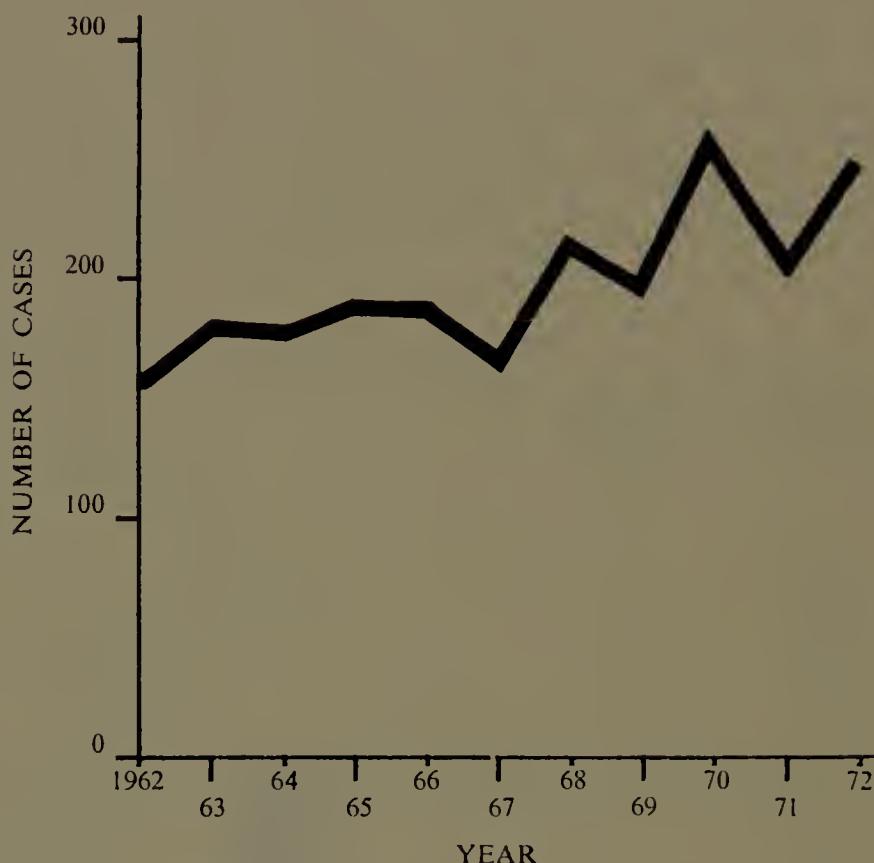
2. *Numbers by Age Groups*

Group	Number
8 months - 1 year	10
1 - 2 years	53
2 - 3	74
3 - 4	46
4 - 5	29
5 - 6	15
6 - 7	5
7 - 8	7
8 - 9	1
9 - 10	4
10 - 11	1
11 - 12	2
	247

3. *The seasonal variation in the incidence of poisoning in 1972 is shown in the following diagram:*



4. The increase in the incidence of poisoning in children in the last 10 years is shown in the following graph of admissions to the Bradford Children's Hospital:



Of the total of 247 children in 1972, 23 (9.3 per cent) were immigrants (or children of immigrants).

The above figures do not include the very small numbers admitted to St. Luke's Hospital—such admissions being only five or six each year.

Health Visiting Service

During recent years, we have made every effort to encourage public health nursing staff to work as members of a team consisting of the health visitor, state registered nurse, state enrolled nurse and nursing auxiliary. In this context, each person views her contribution in relation to the broader objectives of the total enterprise, and we believe that this approach has improved the performance of our work. The immunisation of pre-school children is an outstanding example of this. In 1972, the number of completed courses of immunisation against diphtheria, whooping cough and tetanus was 5,050, an increase of 730 over the previous year, and an achievement which exceeded our expectations.

The screening of all pre-school children at regular specified intervals for the purpose of developmental assessment has continued throughout the year. Failure to carry out tests, mainly because of (1) removal out of the area, (2) hospitalisation of the child, represents a very small percentage of the total number carried out (estimated at less than one per cent). Following consultation with staff in the Social Services Department, health visitors now visit residential children's homes and day nurseries for the purpose of developmental assessment; these visits have afforded opportunities for closer liaison between staff, to the ultimate benefit of the children. As a result of G.P. attachments, health visitors now supervise children throughout the City, rather than in a confined geographical area; consequently, children attend clinics not staffed by their particular health visitors. Because of this, difficulties in respect of transfer of information and recording tests carried out in child welfare centres became apparent, and motivated the setting up of a small working party to review the scheme and to consider specifically:

- (1) Recording
- (2) Communications in respect of recording
- (3) The possible introduction of an appointments system

The implementation of the recommendations of the Working Party have resulted in improved lines of communication. A pilot appointment scheme was introduced in one centre.

Early in 1972, a Committee was set up to deal with the problems of child abuse and battered baby syndrome, and subsequently, appropriate guidelines and recommendations were issued to all field workers. One of the prominent features of the Committee's activities was the creation of a register for children who are either abused or considered at risk, and health visitors have played a major role in the early detection and registration of these families. We aim to detect any abnormal circumstances which might indicate the possibility of child abuse—to register the child, and maintain close contact with the family until some decision is reached, i.e. either the cause for concern recedes, or a case conference is called and the responsibility for the family is transferred to a social worker. The introduction of this scheme has obviously increased the health visitor's work load, since many families now receive intensive visiting and support from the health visitor whilst they remain at risk, prior to the transfer of responsibility to other workers; but we are hopeful that the co-ordinated efforts of all concerned will reduce the incidence of child abuse.

Phenylketonuria/Scriver Test

There were 5,032 live births in 1972, and the following table gives interesting information regarding the tests which were carried out during the year. Parents generally welcome the scheme, and very few show preference for the Phenistix test. Parental consent was withheld in 19 cases.

Total number of tests carried out	5,132
Tests on babies born in Bradford whose home addresses are in the West Riding	129
Babies born in West Riding, with home addresses in Bradford—Guthrie tests	89
Refusals	19
Deaths (0 - 14 days)	91
Removal out of area before 14th day	25

Repeat tests were performed for the following reasons:

Raised level of Tyrosine	...	...	61
Raised level of Phenylalanine	...	...	6
Raised level of Histidine	...	...	2
Raised level of Alanine	...	...	1
Raised Glycine band	...	...	4
Lipaemia	...	...	2
Galactosaemia	...	...	1
Others	...	...	4

Two children remain under the care of the Paediatrician; one with a persistently raised tyrosine level, and one with galactosaemia.

Community Care Course

In accordance with the recommendation of the General Nursing Council that nurses in training should gain insight into the concept of "total patient care", we continue to provide facilities for student nurses from Bradford Royal Infirmary and St. Luke's Hospital to undertake a community care course. Three courses, each of six weeks duration, were held during 1972. A total of 32 students attended, 10 from St. Luke's Hospital and 22 from Bradford Royal Infirmary. Of the 22 students from Bradford Royal Infirmary three gained their practical experience in a neighbouring authority, but attended study days in Bradford. The courses include practical experience in district nursing and health visiting, in addition to study days consisting of group discussions and lectures on relevant subjects. During the course each student prepares a day study book. We hope that the student nurses return to hospital with an appreciation of prevention and containment of disease, a better understanding of total health care, and having factual information about the facilities available to patients and their families within the community.

Statistics

The following table compares figures for 1971 and 1972. The statistics show a marked increase in the overall number of cases; the number of elderly persons visited has increased by 1,700 and cases of all categories referred to health visitors by hospitals and general medical practitioners has risen from 2,752 to 8,168 in 1972. The number of immigrant households visited has increased.

	1971	1972
Total number of cases visited	37,315	50,191
Total number of persons aged 65 and over	4,468	6,177
Total number of care and after-care cases	10.796	15.238
Number of care and after-care cases referred to health visitors by G.P. or hospital	2,752	8,168
Total number of first visits to infectious diseases households	2,579	5,776
Total number of first visits to immigrant families	6,016	7,007

Staffing

During the past year, staff changes have followed a pattern similar to that of recent times. Five health visitors resigned, four of whom were pregnant, one proceeding to take further training. Six public health nurses

left the Service, including Mrs. M. B. Bird, who retired after many years service in the City. Three nursing assistants moved to other posts. Miss N. Sharpe, Centre Superintendent, left the nursing profession in order to embark on teacher training. Three qualified health visitors, 10 public health nurses (S.E.N.) and two nursing assistants joined the Service in September.

Co-operation with Hospital and Family Doctor Services

Over the past few years, we have increasingly recognised the fact that the staffs of hospitals and community nurses must co-operate if patients are to receive maximum benefits from the services which are available. Consequently, we have taken every opportunity to encourage both sections to exchange ideas, and improve working relationships; firstly, by a variety of hospital based care and after care schemes, secondly, by the introduction of a community care course for student nurses, and finally, by joint study sessions and conferences for nurses working in hospital and in the community. The co-operation which has ensued now seems to be developing its own momentum, and should provide a basis for the integration of nursing services in 1974.

The scheme of care and after-care of all patients discharged from Bierley Hall Geriatric Hospital is now routine, but by no means static, and we hold joint staff meetings in order to re-assess the scheme, and to make re-adjustments as necessary.

Children from Leeds Road Hospital are also visited by the health visitor after discharge, and during 1972, 485 children were included in this scheme. Of these, 174 were Asian. The following table gives the provisional diagnosis on admission, and this information indicates that a high proportion of these families should benefit from health visiting advice when the patient returns home.

Gastro-enteritis	...	...	380
Dysentery and Salmonellosis	...	...	16
Meningitis	...	...	19
Infective Hepatitis	...	...	4
Bronchitis and Respiratory Infections	...	...	8
Other Infectious Diseases	...	...	31
Impetigo	...	...	8
Pyrexia of unknown origin	...	...	10
Others	...	...	9

In the past year we have introduced a scheme for the care and after-care of psychiatric patients discharged from Lynfield Mount Hospital, and an intensive in-service training programme was undertaken in preparation for this work.

The specialist health visitor services for the diabetic, tuberculous and geriatric patients, and those suffering from venereal disease, have continued, and the health visitors concerned with these specialities have taken every opportunity to up-date their knowledge of their particular subject, thus providing an excellent service.

The re-organisation of health visitors' case loads to coincide with family doctor practice lists is now virtually completed, and the majority of these schemes work in what is described as a full attachment setting. Most

health visitors and family doctors meet on a regular basis, in order to discuss the care of their patients and families, and there seems little doubt that there is a substantial improvement in the services as a direct result of this co-operation.

CHAPTER 3

SCHOOL HEALTH SERVICE

During the course of the year considerable improvements and structural alterations have been made to the premises of the Central Clinic in Manor Row. These have involved the whole of the ground floor as well as the Dental Department. Additional consulting rooms have been made available and the waiting area is improved and is more comfortable for the public. The dispensary has been moved to the front of the building and consists of two rooms. One of these can be used for suturing and dressing wounds and the other for treatment of septic conditions. In addition, there are now two rooms used by the Speech Therapist. One of these has been acoustically treated, and there is an observation window with a microphone and loudspeaker link between the two rooms. There is also a room which has been designed for the sole use of the ophthalmologist.

These alterations have greatly increased the accommodation in a limited area and improved facilities not only for the staff but also for the public who make use of our services.

The practice of medical examinations of all children in their first year at school, and other children by a process of selection, has continued. A review of the system indicates that it is working well and that, in general, head teachers are satisfied with the arrangements which are being made.

Medical Examination of Immigrant Children

The pre-school medical examination of all children arriving from countries abroad has continued. If necessary children were referred for specialist examination and treatment, and a few were admitted to special schools. The following specific tests were made.

- (i) Heaf test, followed by B.C.G. vaccination or x-ray of chest as indicated.
- (ii) Stool tests for pathogenic organisms and helminth ova.

A total of 715 children were examined compared with 806 in 1971 and 1,023 in 1970. The number of new immigrant children coming into Bradford has, therefore, shown signs of decreasing within the last three years.

At the end of the year there were 113 immigrant children on the registers of our special schools.

School	Handicap	Asian	West Indian	Total
Chapel Grange Langley	Educationally sub-normal	5	8	13
	Delicate and Physically Handicapped	7	3	10
Lindley House	Educationally sub-normal	4	—	4
Linton	Delicate and maladjusted	—	2	2
Lister Lane	Physically Handicapped	14	1	15
McMillan	Educationally sub-normal	2	11	13
Netherlands	Educationally sub-normal	3	4	7
Odsal	Deaf and Partially Hearing	14	6	20
Roundthorn	Educationally sub-normal	3	1	4
Temple Bank	Partially Sighted	6	5	11
Thorn Garth	Maladjusted	—	4	4
Wedgwood	Educationally sub-normal	10	—	10
Westwood Hospital (School)	Educationally sub-normal	—	—	—

Vaccination and Immunisation

Immunisation against poliomyelitis, diphtheria and tetanus was offered to school children at the school medical examinations. The annual B.C.G. programme has also been completed, 4,760 children being included in the scheme. Of all those tested 4,442 children attended for reading and 3,598 children received B.C.G. vaccine.

School Casualties

Minor ailments were treated at the Central Clinic throughout the school day including the lunch hour.

Total casualties	773
Wounds requiring suture	49
Children referred to hospital	100
Total number of treatments given	2,736

Examination of Teachers and Students

The routine medical examination of teachers on appointment and students proceeding to college was continued:

Number of teachers	...	...	64
Number of college entrants	...	...	357

Examination of School Patrol Personnel

The number of men and women employed for patrol duties who attended the clinic for a vision test was 53.

Analysis of Cases Reviewed by Oculist

(Dr. R. L. Belsey, Dr. M. Davies, Dr. T. Priestley and Dr. Collingwood)

	School Children
Errors of refraction	2,957
Squint	249
Other defects	40
Referred to hospital for orthoptic treatment	115
Number of children for whom spectacles were prescribed	1,237
Number of children for whom spectacles were supplied	895

Dr. Belsey has provided nine sessions each fortnight, and Dr. Priestley has held weekly sessions at the Central Clinic. Dr. Davies has continued one weekly session at Odsal and Dr. Collingwood one weekly session at Green Lane.

Audiometric Testing

The audiometric screening of each child in the first year of school life has continued. Unfortunately the amount of sessional time which the audiometrist from the Bradford Royal Infirmary has been able to allocate

to the Local Authority was temporarily reduced during the year. A total of 1,076 children were tested and 92 were referred for further investigation.

There are now five school nurses who have received special training in this field and they have carried out audiometry on a further 10,493 children. Of these 362 were tested at the Central Clinic and 10,131 children of primary school age were tested in school.

Speech Therapy

During 1972 the Department has continued to expand its service into special schools, infant and junior schools in the City.

Regular treatment sessions have continued in the Central Clinic and at the following centres—Allerton, Buttershaw, Eccleshill, Holmewood and Odsal. Chapel Grange and Netherlands Avenue, Lindley House, McMillan and Lister Lane Special Schools have been visited on a weekly basis; sessions have been introduced at Wedgwood House, and advisory sessions at Roundthorn. The policy of treating patients in schools where there is a demand for a full or half session is continuing successfully. Attendances have been as follows.

	School	Pre-school	Special Schools	Total
New patients	240	56	68	364
O'd patients	3,403	196	1,446	5,045
Discharged	231	18	20	269
Assessments	155	2	18	175

Physiotherapy

During the year the number of staff increased to five full-time and five part-time physiotherapists, enabling sessional work to commence in four schools and the number of sessions to be increased in two schools. Long term treatments were given at the following schools:

Lister Lane	...	...	3 - 5 full-time physiotherapists
Langley	...	...	3 sessions per week
Wedgwood House	...	3	" " "
Lindley House	...	2	" " "
Roundthorn	...	2	" " "
Odsal House	...	1	session per week
Netherlands	...	1	" " "
McMillan	...	1	" " "
Chapel Grange	...	)	" " "
Temple Bank	...	)	" " "

Physiotherapy has also been available at the following clinics:

Manor Row, Odsal, Eccleshill, Haworth Road, Buttershaw, Green Lane, Edmund Street, Saint Street, Holmewood, Albion Road and Allerton.

Patients were referred by hospital consultants, general practitioners and school medical officers. The tendency is to give more treatment in school than in the clinics. This is an advantage in that children have less disruption to their education and it brings the physiotherapist into close contact with the teachers who have the benefit of their advice.

Chiropody

During 1972 there was again an increase in the number of school children treated by the Chiropody Service. Verrucae continue to be the principal reason for treatment, and a total of 465 children received such treatment during the year at Manor Row Clinic. A survey took place at St. Brendan's School, Eccleshill, in November when over 10 per cent of children having previously undiagnosed verrucae were discovered.

The sessions at Lister Lane School were increased to one every four weeks with great benefit to the children.

In all, 3,094 treatments were undertaken, including those for verrucae, corns and callous, nail disorders, congenital abnormalities and septic conditions.

SPECIAL SCHOOLS

Linton Residential School for Delicate and Maladjusted Pupils

The school was full in January with 117 children on roll but this number dropped to 106 at the end of the year. All 30 places for maladjusted children and all places for boys were filled but a few vacancies for delicate girls remain.

There has been no major building apart from the provision of a new water storage tank at ground level and the removal of the old tower. Work has commenced on the new communal television aerial system.

The presentation of a mini-bus to the school during August by the Variety Club of Great Britain has made it much easier to arrange small expeditions and away sporting fixtures. Some juniors have been taken to Skipton to the swimming baths on Saturday mornings.

Lister Lane School for Physically Handicapped Pupils

The total number of pupils on roll varied between 120 and 140. In January there were 91 boys and 45 girls in the register, and in December there were 81 boys and 43 girls. Twenty-eight pupils were admitted during the year and 24 were transferred to other schools. Eight children took up employment and three were unemployed or transferred to Raphael House.

The main disability groups were as follows:

Cerebral palsy	...	...	...	...	40
Spina bifida	...	...	...	...	29
Muscular dystrophy	...	...	...	...	9
Post-polio-myelitis	...	...	...	...	7
Congenital deformities	...	...	...	...	7
Head injuries (accidents)	...	...	...	...	6
Cardiac cases	...	...	...	...	4
Perthe's disease	...	...	...	...	6

The policy of integrating physically handicapped pupils in ordinary schools has enabled more pupils with dual or multiple handicaps to be accommodated at Lister Lane. An effort is therefore being made to keep most of the teaching groups smaller without unduly delaying the admission of children of school age.

Younger pupils continued to be educated in "mixed ability and handicap" groups. An increased need has been found to withdraw individuals and groups with special difficulties and give more individual attention to their needs. This has required a large staff/pupil ratio. Special group teaching has been given in remedial reading, speech and oral communication, typewriting and visual communication, swimming, handicrafts and home economics. Senior pupils also have had the opportunity to study for external examinations in French, English, mathematics, history, economics, religious education, typewriting, office practice, technical drawing and various crafts. In addition, a variety of compensatory activities have been provided during lunchtimes, including Cubs, Brownies, choir, art, craft, chess, draughts, animal care, and tuition for external examinations.

Work has commenced on the construction of two purpose-planned hygiene-toilet areas for the nursery and infant pupils. When both are completed they will facilitate the hygiene-toilet training work among younger pupils.

Work has also commenced on the construction of a new remedial classroom unit, and the staffroom for caretakers and ambulance drivers has been completed. New lighting has been installed in all corridors and classrooms and heating has been improved in the lower corridor. The school kitchen has been decorated and new sinks provided.

Discussions have been held concerning the need to replace Lister Lane in the near future. Demands for more teaching and circulation space cannot be met on the present site.

Langley Residential School for Physically Handicapped and Delicate Pupils

In January there were 25 children on roll, and the number was increased to 27 by December. Three of the children came from the West Riding Authority. During the year nine pupils were discharged, mainly to ordinary schools. One child was discharged to the Wharfedale Children's Hospital. The children suffer from a wide variety of conditions, but asthma and bronchitis are still the principal medical conditions.

A number of improvements have been made to the school premises during the course of the year, including the installation of a new central heating plant which provides a more efficient hot water system. The inefficient coke-boiler plant has been removed. Furthermore, the interior of the main hall and stairway has been redecorated, and the addition of murals has made a great improvement. All drives excepting that from the main gateway to Langley Junction have been re-asphalted and have been made attractive and safe.

Temple Bank School for Partially Sighted Pupils

There were 80 children on roll at the beginning of the year and 70 in December. Eight children were admitted and 18 were discharged. The admissions included three infants who were accepted after spending a short period in other schools and five older children. Of the children discharged, five transferred to normal schools. Prior to the school leaving term, case meetings were held with Youth Employment representatives and the children were placed in suitable employment. This was mainly in shops, offices and supermarkets.

Two candidates were entered for the C.S.E. examinations in history, geography, mathematics and English, and for the first time, domestic science. One girl also took examinations at G.C.E. level. In October two girls took the R.S.A. examination in typewriting. After initial meetings connected with work link courses, members of staff visited a mill and several firms in the City. Permission was granted for older children to proceed on work outside the school premises unsupervised, thus enabling them to study local environment.

The extension unit of two "terrapin" classrooms was completed in time for the lower infant classes to move in early September. The extra space gained in the school allowed one classroom to be used for typewriting classes, and alternatively, for films, the sound projector and for tape recording.

After the disastrous fire and setbacks experienced during 1971, the last year has shown sustained progress in the school environment.

Odsal House School for Deaf and Partially Hearing Pupils

There were 146 pupils on roll in January and 136 in December. Fifteen pupils left in July; one to take up a place at Mary Hare Grammar School, six to return to hearing schools, one to enter a boarding school for deaf children, and seven to commence employment. New pupils have been admitted whenever possible and the Nursery Department has remained at capacity throughout the year.

The school has been reorganised in four departments: Nursery, Primary Deaf, Primary Partially Hearing and Secondary. A new senior curriculum with subject specialisation, leading to the Certificate of Secondary Education in a good range of subjects, has been introduced.

In addition to these four main departments there is a special unit for deaf children with additional handicaps. In this unit at the present time there are three children who are registered blind, two with vision defects and three with severe physical handicaps. There is a good adult/pupil ratio for these special cases, and their progress during the year has been very satisfactory indeed.

Extended educational visits included a week's hostelling for 50 juniors at Kettlewell, a week's camp on Dartmoor and a week's canal barge tour from Rugby to Oxford for 18 senior pupils. Numerous educational visits

of one day's duration have been undertaken throughout the year and the school mini bus is proving to be extremely valuable.

The school's athletes and swimmers have had a very successful year, gaining one first, three second and three third places in the National Athletic Championships at Crystal Palace. Three swimmers have represented Bradford and the Northern Counties in galas throughout the season. All three have qualified for the Deaf Olympics which will be held in Sweden later this year. The five-a-side football team represented Bradford Youth Organisation in the Yorkshire Youth Tournament at Rotherham, and the school football team has had another successful season. The school gained one first prize and one third prize in an open Road Safety Art Competition, and won trophies for choral speech and mime at Bingley Festival of Speech and Drama.

McMillan School for Educationally Subnormal Pupils

There were 180 children on roll at the beginning of the year and 191 in December. During the year the figure rose to 199. Sixteen children left for employment. Regrettably, one child was killed in a road accident.

Chapel Grange School for Educationally Subnormal Pupils

Until September there were 140 children on roll but pressure for places became so great that the appointment of another member of staff enabled the admission of an extra 10 children. It is hoped that in 1973, two "terrapin" units will be provided which will enable the re-housing of the new group in more satisfactory surroundings and the re-organisation of classes to give a true nursery/infant class coping with younger children.

During the year 14 girls left for employment, five boys went to McMillan School, three boys and two girls went to ordinary schools, one girl went to a training centre, one girl went to Dilston Hall for further training, and three moved out of the City.

An address system has been installed. This was paid for by the Governors' Discretionary Grant and from the school's own funds. It is proving very valuable during daily prayers as the children's voices can be heard, and helps considerably on occasions.

Thorn Garth Residential School for Maladjusted Boys

There were 35 children on the school register in January and 36 in December. Seven boys left school during the year and one was discharged to a remand home. Six boys left to take up employment and it was possible to find a suitable job for each of them.

A number of staff changes has occurred which, to some extent, has been unsettling. One teacher has been seconded on a year's course at Manchester University. A replacement has not yet been found for the Deputy Matron

who left in July. There has been some difficulty in the recruitment of domestic staff which has made it necessary to send all boys home each week-end from Friday night until Monday morning. This inevitably changes the nature of the school to some extent and it is hoped that it will not be long before it is possible to offer full-time accommodation for all the children once more.

Netherlands Avenue School for Educationally Subnormal Pupils

At the end of the year there were 118 children on register—90 girls and 28 boys. The Physiotherapist and Speech Therapist are taking a more active part in the school regime. The resident Physical Education Specialist takes part in the physiotherapeutic sessions, thus reinforcing the work of the physiotherapist throughout the week.

There have been some improvements to the school buildings during the year including extensive indoor and outdoor decorations, the provision of new curtains and external lighting on the front staircase leading from Huddersfield Road into school. The entrance hall has been converted into the school library and a bulk waste container has been installed outside the school building.

The senior girls continued to extend their work into the world at large through social and industrial media and many interesting visits have been made during the school year. In addition, a wide variety of work sampling has been undertaken with the co-operation of numerous working establishments. Furthermore, extra-school activities have been encouraged largely as a result of the enthusiasm and energy of members of the staff. These include a Life Saving Club, a Folk Singing Club, a Road Safety Club, a Dancing Club, a Needlework Club, a Library Club, indoor games, an Art Club and a Leisure Reading Club.

Lindley House School for Educationally Subnormal Pupils

There were 135 children on roll in January and 134 at the end of the year. Mrs. Mitchell, the Headmistress, has been seconded to a one year course on the education of retarded children at Leeds University and Miss Burlinson, the Deputy Head, is in charge of the school during her absence.

A notable and rewarding feature during the year has been the establishment of a valuable liaison with Chapel Grange School. Eight children have joined Chapel Grange for one week camping lessons and two older girls from Lindley House have joined in the Leavers Class. It is hoped that this association with Chapel Grange and, indeed, with other schools, will develop in the future.

During the year a variety of educational visits were made. One boy left school to start work at a supermarket and five children are travelling to and from school by public transport.

Wedgwood House School for Educationally Subnormal Pupils

During the past year a number of major changes have occurred at Wedgwood House—this since the opening of Roundthorn School. Wedgwood House School is essentially now an assessment unit for children in the age group two to seven years, whereas before, it catered for children between the ages of two and 16. Children over the age of seven have mainly been transferred to Roundthorn, and at the end of the year there were approximately 55 children on register between the ages of two and 11 years.

An increasing number of visiting specialists have assisted the school staff. A speech therapist attends one full day a week and the physiotherapist visits for three half-days a week. The school nurse has visited fortnightly and the senior clerk attends for five half-days per week. Plans are also in hand for the formation of a parent-teacher association.

Roundthorn Special School for Educationally Subnormal Pupils

Roundthorn School was opened on 19th June with nine children in attendance. The numbers increased to 24. All the children are severely retarded and many have multiple defects such as cerebral palsy and other physical handicaps. The age range is five to 16 years. The staff consists of the Head Teacher, the Deputy Head, two qualified teachers, two N.N.E.B's., two student teachers, one full-time welfare assistant and one part-time welfare assistant.

The school has been built adjoining St. Stephen's Road Hostel. It has been found necessary to fence off part of the site in order that children may move around the grounds in safety and be protected from the busy road which runs on two sides of the perimeter.

In its first year, the school has received regular visits from students from the Margaret McMillan College of Education who have helped with the children, particularly in the field of social training. Numerous other people, including teachers, social workers, doctors, play-group leaders and parents have also visited the school.

School Nursing

During the year, we have been able to implement some of the recommendations made by the Working Party set up in 1971 to consider hearing testing in schools. Portable audiometers have been provided for five of our main centre areas, a sixth machine has been ordered, and delivery is expected in January, 1973. Two public health nurses have attended residential courses on audiology. Three have undertaken practical training within our own Service, prior to attending a course. Consequently, a more realistic programme of screening for deafness is envisaged for the future, and a higher proportion of children have been screened during 1972 than in previous years.

The School Nursing Service has continued to adapt to the changing needs of the community. The present educational system provides opportunities

for children of all abilities to develop a variety of aptitudes. It is essential, therefore, that children should be encouraged to attain the highest possible level of positive health to enable them to take advantage of these opportunities. To this end, programmes of Health Education are carried out in many schools as part of the curriculum. Members of the School Nursing team have been increasingly involved in these programmes during the past year.

Head infestation continues to be a problem, although the policy of selection and closer follow-up of all children known to be infested, together with the use of a preparation with both ovicidal and insecticidal properties has resulted in a further 25% reduction in the number of children affected.

Dental Services

Staff

Dental officer staffing on 31st December, 1972 stood at 8.1 full-time equivalence, and although this represents approximately 7,000 children per dental officer against the national average of 5,600, there should be a marked improvement of this temporary understaffing in early 1973 when our staff will be joined by two full-time dental surgeons from general practice.

In addition, one full-time dental auxiliary was in post all year. The establishment had been increased to two full-time dental auxiliaries from September, 1972 and reflects the acceptance, by this Authority, of the dental auxiliary as an essential member of the "dental team".

Dental surgery assistant staffing was maintained at full establishment. One D.S.A. continued to be employed on dental health education field work, in which she is well experienced, and which permitted the Dental Auxiliary to be engaged almost entirely on clinical duties.

General anaesthetics staff consisted of the full-time Senior Assistant Medical Officer (Anaesthetics) and a part-time G.P. medical officer who did one session per week.

Mr. C. C. Duckworth Area Dental Officer, obtained the Diploma in Dental Public Health of the Royal College of Surgeons (England) in July, 1972.

Mr. M. J. Dobson Area Dental Officer, commenced the D.D.P.H. Course at Leeds in October, 1972.

Mr. N. J. Mayson Assistant Dental Officer, left us in September, 1972 on his promotion to Senior Dental Officer with the Halifax School Dental Service.

Several members of full-time staff—dental officers, auxiliary and dental surgery assistants—attended various clinical meetings, short courses, seminars and conferences throughout the year at a number of venues, (London, York, Leeds, Northampton, Huddersfield, Newcastle and Wakefield). Both of the two-week 'practical' general anaesthetics courses held at the Eastman

Hospital in January and October, 1972 were rated particularly highly by the two Area Dental Officers who attended.

Bradford Corporation must be commended for providing ample opportunity for staff to maintain morale and efficiency by attendance at such courses.

Statistics

Statistics for the year's work are compiled under two headings, reproduced in the Appendix tables:

"School Health Service—Dental Inspection and Treatment Statistics".

"Dental Services for Expectant and Nursing Mothers and Pre-school children".

It was possible to inspect 66 per cent of the school population—57 per cent needed treatment and 52 per cent of these received treatment. It is obvious from the work done, that comprehensive treatment continues to be given and our work output compares satisfactorily with 'national' figures in respect of fillings, root treatments, inlays, crowns, orthodontics, etc., and indeed the Service has an overall efficiency above the national average.

Each dental officer provided treatment for approximately 1,270 children. The pre-school section is the weakest part of the Service, but all those needing treatment were treated.

In September 1972 a two-day inspection of Bradford's School and Maternity and Child Welfare Dental Services was carried out by a dental officer from the Department of Education and Science. A most satisfactory report resulted in which tribute was also paid to the Corporation for their enlightened attitude on a number of widely-varying factors.

Accent continues to be placed increasingly on various activities associated with the prevention of dental disease, so that treatment problems may assume more manageable proportions.

Liaison

Co-operation with the Regional Hospital Consultant in Orthodontics (Mr. A. K. Tipnis, F.D.S., D.Orth.) continued most satisfactorily, with the completion of 16 'joint' treatment planning and diagnostic sessions at Manor Row Central Clinic during the year, with an average of 12 actual attendances per session.

Our longer and equally happy liaison continues with the Regional Hospital Consultant in Oral Surgery (Mr. H. D. Penney, F.D.S., R.C.S.) who, throughout the year has dealt with a number of cases, including several of exceptional interest, referred by us for hospital admission and surgical intervention, together with routine 'at risk' cases such as haemophiliacs, selected spastics and patients on special chemotherapies.

Co-operation with medical and dental general practitioners progressed satisfactorily throughout the year with particular accent on the immediate treatment of 'accident' and emergency general anaesthesia cases referred by them (especially from 'single handed' practitioners). It has been noted since January 1972 that increasing numbers of cases have been referred to us by general practitioners who no longer administer general anaesthetics.

Sickle Cell Anaemia.

For the past few years, screening has been limited essentially to only those patients of Negroid origin who needed a general anaesthetic, (i.e. no testing of routine conservation or extraction cases completed under local anaesthesia). With the appearance of positive reactions among patients of Asian origin and the association of thalassaemia with patients of certain Mediterranean origins, it has now been established as a routine measure that Negroid, Asian and certain Mediterranean patients are tested for sickle cell anaemia and this is not limited only to those requiring general anaesthesia. A central card index has been established at Manor Row Central Clinic in the Chief Dental Officer's office and all positive reactions are referred automatically to Dr. Turner, Consultant Haematologist, Bradford Royal Infirmary. To date all positive reactions to our 'rapid' screening procedure have in fact been confirmed by the follow-up fuller investigations at the B.R.I.

General Miscellany

The three year capital plan for replacement, re-equipment and alterations of all 12 dental surgeries should be completed by April, 1973. Basic equipment in each surgery will then be:

- a) Operating console capable of either upright or supine dentistry
- b) Chair conversion capable of either upright or supine dentistry
- c) Tungsten halogen operating light
- d) Mobile aspirator
- e) Autoclave
- f) Hot water steriliser available also as a standby
- g) Operating stools for dental surgeon and dental surgery assistant (for "four-handed dentistry" techniques, etc.)
- h) Automatic mixer for capsulated filling materials
- i) Miniature handpiece (in addition to basic standard handpieces)

In addition, each of the six peripheral clinics has a dental X-ray machine, with two machines at the Central Clinic, Manor Row.

Four ultrasonic scalers which have been modified to "portable conversion" are also available for general use.

It is hoped that extra accommodation may become available in the near future for additional surgeries (e.g. Edmund Street would be an ideal location) and with this in mind, mobile operating units, aspirators and other essential equipment are already in our possession.

Fluoridation

The situation in Bradford remains unchanged, and the Chief Dental Officer offers no apology therefore, for repeating in total, the observations in his last Annual Report.

In each Annual Report since 1965, the Chief Dental Officer has unfailingly spelled out the very real need for primary preventive measures (as against secondary reparative measure) and has emphasised that the most

effective and practicable method is undoubtedly that of fluoridation of the public water supplies.

The accumulation of evidence over more than 30 years from all parts of the world is overwhelmingly in favour of its acceptance. Of the scores of organisations of international repute which have given their total blessing, we need name but three examples; the World Health Organisation, the Department of Public Health and Social Security and the British Dental Association. It will be appreciated therefore, why it must be recorded with most profound regret that Bradford City Council continues to withhold its acceptance of this single, purely public health measure by which the whole community has so much to gain.

It is hoped that the City Council may, in the very near future, accept that not only is it a *social necessity* but is also a matter of *urgency*, as the full and lasting benefits of fluoridation will not manifest in the community for several years.

Child Guidance Clinic

The Clinic continues to deal with a wide variety of cases, including the mentally subnormal. The general impression of the main change in the nature of the work is that there has been a considerable increase in the children of immigrant parents who have been referred. It is, however, encouraging to report that in general the outcome is satisfactory, and with the help of parents and schools it is usually possible to overcome the problems which these children are facing.

The inclusion of the mentally subnormal child and his family within the scope of Child Guidance work has been shown by experience to be amply justified. The expertise available in the Clinic is able to do a great deal to help these families, and the parents undoubtedly find referral to a Child Guidance Clinic much more acceptable than to a psychiatric hospital. The Clinic works closely with the Assessment Centre which is run by the Regional Hospital Board and in general undertakes the on-going problems presented by mental subnormality. Close contacts are also maintained with the Social Services Department who are often already acquainted with some of the families, and who provide some of the most essential services for the subnormal. In general, exceptionally good systems of co-operation have developed and a special effort will have to be made to maintain these when the administrative area is expanded.

The problem of over-dosage by schoolchildren has increased, and the team at the Clinic is studying this problem in order to ascertain the factors that lead children to take an over-dose of drugs and the way in which such children and their families can best be helped. During 1972, 12 children were seen in hospital and subsequently referred to the Child Guidance Clinic. We would like to thank the consultants at the Bradford Royal Infirmary for their co-operation in caring for these children.

Children presenting with anti-social behaviour continue to be a real problem as suitable assessment is not always available in Bradford. It is hoped, however, that the development by the Social Services Department of

a new assessment unit will do much to improve the situation and ensure that assessment can take place without unnecessary disruption of the child's life.

In general there is a welcome improvement of services for children with problems, but the number of agencies involved is quite extensive, and despite recent legislation, duplication, overlap and repetition may occur. To avoid this it will be necessary to create a post of co-ordinator, whose job it will be to ensure that all agencies are aware of the types of services that are being developed and also to follow through the management of individual cases with a view to minimising the risk of repetition or neglect.

There was a total of 545 referrals during the year (348 boys and 195 girls). Of the total referrals, 43 were "uneventuated" prior to diagnostic interview with psychiatrist, because of natural remission of symptoms.

Referring Agencies								No. of Children
Headteachers	...	...	...	...	...	...	...	130
Social Services Department	...	...	...	...	...	...	...	70
S.M.O. (Child Health)	...	...	...	...	...	...	...	66
General Practitioners and Health Visitors	...	...	...	...	...	...	...	51
Parents	...	...	...	...	...	...	...	50
Senior School Medical Officer	...	...	...	...	...	...	...	47
Director of Education and E.W.O.'s	...	...	...	...	...	...	...	33
Children's Hospital	...	...	...	...	...	...	...	24
School Psychological Service	...	...	...	...	...	...	...	21
Juvenile Liaison Officers	...	...	...	...	...	...	...	15
Bradford Royal Infirmary	...	...	...	...	...	...	...	9
Probation Officers	...	...	...	...	...	...	...	6

Other referrals came from consultant psychiatrists at Lynfield Mount and Westwood hospitals, and from the Citizens Advice Bureau, the Family Service Unit, the N.S.P.C.C., the Family Welfare Committee, N.A.M.H.C., etc.

Primary Symptoms on referral								No. of Children
(a) Overt behaviour problems at school	...	...	...	...	...	...	...	102
Overt behaviour problems at home	...	...	...	...	...	...	...	88
These include temper outbursts, cheekiness, defiance and testing out behaviour.								
Stealing	...	...	...	...	...	...	...	61
Truancy	...	...	...	...	...	...	...	17
Running away from home	...	...	...	...	...	...	...	5
(b) "Neurotic" symptoms including:								
Depression, anxiety, fears, tics, withdrawn behaviour, timidity, nightmares, etc.	...	...	...	...	...	...	...	34
School phobia or school refusal	...	...	...	...	...	...	...	34
Nocturnal and durnal enuresis	...	...	...	...	...	...	...	20
Encopresis	...	...	...	...	...	...	...	8

(c)	"Organic" symptoms including epilepsy, asthma, obesity, psychosomatic symptoms, neglect and battering from parents, speech difficulties, etc. ...	...	...	...	...	...	...	16
	+ developmental delays (children suspected of intellectual impairment)	...	...	...	...	...	...	109
(d)	Adolescent problems:							
	Attempted suicide	...	...	...	...	...	...	12
	Sexual problems, including exposure, promiscuity, homosexuality and sexual assault	...	...	...	...	...	...	7
(e)	Poor academic progress and "school failure"	...	...	...	...	...	...	24

The two major influences on referrals over the past year have been (i) the 109 children referred for development delays, and seen for social work assessment throughout the C.G.C., and (ii) a large increase in referrals from the Social Services Department.

MENTAL HEALTH SERVICE

The Department continues to undertake responsibility for the medical aspects of the care and after-care of mentally disordered patients living in the community. Now that responsibility for the social work aspect of after-care is clearly committed to the Social Services Department, it has become necessary to involve the entire community health team in work with the mentally disordered. Both health visitors and district nurses have responded readily to this arrangement and the work undertaken by the Health Department is closely integrated with the work undertaken by the Social Services Department. Considerable cross-referral takes place and in many instances personnel from both Departments work together in ensuring that patients obtain the service that they need.

The appointment of a community psychiatric nurse has made it possible to ensure that patients requiring expert supervision in the community obtain the treatment that they need, and also facilitates the transfer of treatment from hospital to the community health team. So far, only one community psychiatric nurse, Mr. M. H. Selkirk has been appointed, but it may be necessary to provide at least one community psychiatric nurse for every two area offices in the future. Removal of patients to hospital is probably as much a nursing responsibility as a social work responsibility, and health visitors have been used quite extensively to accompany voluntary patients to hospital. The community psychiatric nurse often assists social workers in the compulsory removal of patients and it would seem reasonable to consider this duty a nursing function rather than a social work function. Experience will ultimately show which areas of the former mental welfare officers' work should be regarded as health authority function and which should be regarded as a social work function, but, in the meantime, a mature form of co-operation will ensure that the patients receive the best treatment.

The appointment of two consultants with a special interest in psychogeriatrics has eliminated the need for a referee to indicate the service to which elderly patients should be directed. Many elderly patients, including those who are moderately confused, could be managed in the community if the community nursing team was expanded. Such patients may either be living in Social Services accommodation or in private homes but in any event, the nursing care required by them will have to be provided by the Health Department. To this end, it would be necessary for the Health and Social Services Departments to work together closely in the development of new residential units for the elderly in order to ensure that adequate community health teams are available to service these units.

CHAPTER 5

GERIATRIC, CARE AND AFTER-CARE SERVICES

A great many more of us live to be old today than could ever have been expected to do so before. The proportion of the population aged 65 and over in England and Wales is currently 12 per cent and it is expected to rise to at least 14 per cent by 1981.

Difficulties and problems arise from housing, home and street accidents, nutritional deficiencies, social isolation, infirmity, self-neglect, poverty and lack of recreation. To overcome these problems the need to provide a full comprehensive service for the community care of the elderly is becoming increasingly clear. This requires close co-operation and co-ordination of services between hospitals, general practitioners, the Health, Housing and Social Services Departments of the Local Authority and also voluntary organisations. It is a well recognised fact that the aim of all services for the elderly is to enable old people to live full and happy lives in the community for as long as possible, and that support for them and their relatives in their own homes should be greatly increased to reduce the need for admission to hostels or hospitals and to expedite return home after admission. The old people in the community should be more widely educated to make the best possible use of the services available.

In the City of Bradford there are 47,054 people of pensionable age; nearly 15 per cent of the population, and the ratio of females to males is approximately 2 to 1. Of this number, 44,950 are living in private households and 2,104 are not living in private households. About two per cent of these old people can be accommodated in Social Services Residential Accommodation. The majority of old people living in the community are able to support themselves with help from relatives and neighbours. Most of the minority group of lonely and isolated elderly in the population would prefer to stay in their own homes, to preserve their independence, keep their personal possessions and the home they have known for many years, but to do so need to be supported by statutory and voluntary domiciliary services.

Geriatric Register

The register now has about 15,500 names. Information for the register continues to be obtained from such sources as the Home Help Service, the Home Nursing Service, health visitors, the Chiropody Service and the Transport Department. The "at risk" groups on the register are as follows:

- (1) Those over 70 who have been in hospital
- (2) Those over 70 living alone
- (3) Those socially isolated due to slum clearance
- (4) Those over 80

There are about 6,150 such elderly on the register who need the maximum care and attention.

The advantages of keeping such a register for the elderly are as follows:

- (1) They are known to us
- (2) The "at risk" groups are easily identifiable

- (3) We can readily ascertain whether they are having help, or require help, or are reaching the stage where they may require help.
- (4) We can easily supply a health visitor, home help or district nurse with a list of the elderly in her area, so that, for example, she can watch out in winter for possible hypothermia cases.
- (5) It can "feed" the advisory clinic in screening for diseases.
- (6) It can be used for research purposes, in liaison with, say the Social and Preventive Department of a University to study the incidence of various illnesses and progressive degenerative diseases in the elderly.

Geriatric Preventive/Advisory Clinic

This clinic is still successfully held in turn at Odsal, Buttershaw and Wyke Health Centres and is conducted with the co-operation of the Geriatric Health Visitor and other health visitors working at each Centre. The persons who attend the Clinic are interviewed by the health visitor concerned and at the same time they complete a questionnaire about the social background in their home. These persons are then assessed by the Senior Medical Officer (Geriatrics) in respect of their social, physical and mental condition. Some special investigations are made in addition to any routine investigations they require. During 1972, 90 persons attended the clinic and, as it was expected there were many more females than males (75 : 15).

As expected, most of the persons who attended were between 65 and 70 years of age. There was a slight increase in the number of 75-80-year-olds.

The marital status of the 90 persons was as follows:

Widows	...	...	...	...	35
Widowers	...	...	...	...	4
Couples	...	...	...	...	17
Single	...	...	...	...	17

All were encouraged to keep themselves active, to take part in social activities and to make their lives useful in the community. All were given a booklet "Keeping Fit in Retirement".

Findings in the 90 were as follows:

Overweight—moderate to severe	...	37
Hypertension—mild to severe	...	22
Raised serum cholesterol	...	20
Low haemoglobin—mild to severe	...	11
Failing vision	...	7
Corns and bunions on both feet	...	8
Deafness—slight impairment to severe	...	21
Myxoedema	...	1
Raised blood urea	...	10
Loose dentures	...	7
Miscellaneous	...	14

Medical Services for Residents of Social Services

Accommodation

The Senior Medical Officer (Geriatrics) has a restricted general practitioner list in respect of the 718 residents of welfare homes which are scattered all over Bradford. The majority of people now seeking residential accom-

odation belong to the 80+ age group and most of them are females. The residents are still generally infirm and can be put into the following groups:

1. The elderly, mentally infirm (predominantly women) requiring maximum care.
2. The elderly, who, because they are suffering from degenerative changes of age are not perfectly continent, need considerable help and supervision in daily living activities in welfare homes.
3. The elderly suffering from various short acute illnesses and minor ailments.
4. Elderly frail and ambulant.

The first three groups of patients need constant medical supervision and in consequence a good deal of the Senior Medical Officer's time is taken up with clinical duties. There is always an increase in acute short period illnesses during the winter months among the frail elderly and an increase in the number of accidents due to falls during the summer months—consequently an increase in fractures. There is a sharp rise in terminal cases and hence in mortality during the winter months.

At the present time a part-time medical officer assists with some of the routine clinical work and is now doing six sessions per week. Two of these sessions are for special visits to the elderly in connection with applications for rehousing on medical grounds. During 1972, 297 such visits were made.

During 1972, 179 residents and 141 Social Services Department Staff were vaccinated against influenza, and this appeared to give about 65 per cent protection to this group from illness.

A Small Survey on "Anaemia in the Elderly"

Blood samples were taken from 120 patients in Welfare Homes—40 of these had been recently admitted from their own homes; 40 had been recently admitted from various hospitals and 40 had been residents of Welfare Homes for a number of years.

The percentage of haemoglobin below 12gms per cent in the three groups was as follows:

Number of patients	Haemoglobin below 12gms%
Admitted from their own home—40	50 per cent
Admitted from various hospitals—40	37.5 " "
Resident in welfare homes—40	40 " "

Fifty per cent of the 40 who were admitted from their own homes had haemoglobin below 12gms per cent and the majority of these were females; 37.5 per cent of the 40 who were admitted from various hospitals had haemoglobin below 12gms per cent. The prevalence of anaemia increases with age and is greater in women than in men. It is mostly iron deficiency anaemia likely due to blood loss e.g. piles, continuous use of aspirins or dietary deficiencies—iron or vit.C. Two of those admitted from their own homes also had deficiency of vit.B12. Those who had haemoglobin below 10gms per cent were given one month's iron therapy. There was slight improvement in their condition. It was felt that haemoglobin checks of those who are clinically anaemic are important and should be done at least once a year.

Those 40 who were admitted from their own homes were assessed according to their social and dietary history; 50 per cent of these had either 'home help' or were helped by their relatives and neighbours. Their diet

was fairly good and balanced. Four of these were found to be isolated and all had low haemoglobin.

Physical, Mental and Social Assessment of Patients prior to Admission

The role of the Senior Medical Officer (Geriatrics) to assess those patients referred by various sources has been extended. In addition to assessing the borderline cases for admission to welfare homes in as much as that these cases ought to be rational, walk unaided (or with a stick or frame), get in and out of bed unaided, eat unaided and be able to enjoy full recreational activities. This criteria was not possible to maintain because of multiple physical disabilities found in the younger group, and mental disorders (senile and arteriosclerotic dementias) found in the older group of people assessed.

During 1972, 64 patients were assessed in their own homes, at the hospitals, private nursing homes, rest homes and day centres. The majority of these were referred by social workers and the other referrals came from various sources—hospital consultants, general practitioners, medical social workers, the Geriatric and other health visitors, public health inspectors and voluntary organisations.

Assessment Visits					
Total No. — 64					
(50 females, 14 males)					
Age Group					
45—50	...	...	...	...	1
51—55	...	...	...	...	2
56—60	...	...	...	...	3
61—65	...	...	...	...	4
66—70	...	...	...	...	6
71—75	...	...	...	...	13
76—80	...	...	...	...	13
81—90	...	...	...	...	20
91—95	...	...	...	...	2

As expected, more females than males were referred and assessed. The age pattern remains the same. There was a greater proportion in the age group 76 - 90—71.8 per cent of the total visits. There was a slight rise in the younger group of cases. The cases were recommended as follows:

					per cent
Welfare accommodation	...	...	...	...	37 57.8
Short stay in 'Birchlands'	...	...	...	...	3 4.7
Psychiatric hospital	...	...	...	...	3 4.7
Hospital	...	...	...	...	13 20.3
Private nursing home	...	...	...	...	2 3.1
Supported in their own home	...	...	...	...	2 3.1
Suitable for ground floor accommodation— (Housing Department)	...	...	...	...	4 6.3

Of those assessed, 20.3 per cent were found to be in need of hospitalisation. This prior assessment prevented the movement back and forth of an

elderly patient to a welfare home and then to inevitable admission to hospital.

In addition, the Senior Medical Officer (Geriatrics) assessed medical need in relation to housing. The total assessed was 842, and the persons were recommended for ground floor accommodation, bungalows and other accommodation according to their individual needs. Some of those who were not supported are to be reviewed again.

Senior Health Visitor (Geriatrics)

The Senior Health Visitor has established close co-operation between the geriatric units of the hospitals, general practitioners, health visitors and the Geriatric Section of the Health Department. During 1972 she made a total of 1,152 special home visits to the elderly at the request of the Local Authority and hospital staff. Of these visits 536 were concerned with rehousing on medical grounds.

She has maintained a close link with the Day Hospital attached to Bierley Hall Hospital. She also takes part in case discussions arranged by the doctor in charge of the Day Hospital and attended by other persons concerned. In addition, she assists the Senior Medical Officer (Geriatrics) at the Geriatric Preventive/Advisory Clinics and has visited pensioners' clubs to give talks on the health of the elderly.

District Nursing Service

The District Nursing Service again showed the trend of a general increase in the volume of work undertaken, both in patients' homes and at treatment sessions held in family doctor surgeries.

Patients nursed at home increased by 542 and visits to the home by 15,791. The number of treatment sessions increased by 420 and attendances by 1,908.

The "attachment" of district nursing staff to the general practitioners continues to operate satisfactorily. There is now full attachment to 12 groups involving 35 family doctors, and liaison with 22 other doctors. The increased usage of the treatment sessions is attributable to the success of these schemes. The nursing staff find that closer working with family doctors gives a greater "job satisfaction", and an opportunity to fully utilise their skills.

During the latter months of the year, difficulties were experienced in meeting the full needs of certain male patients. This was due to a shortage of male staff and to long-term sickness experienced by male staff in post. Considerable help and co-operation was received from the Genito-Urinary Department at the Bradford Royal Infirmary, which is much appreciated. A member of the staff is now acting as part-time liaison officer with this Department. This is proving most valuable, and makes a contribution towards the solution of some problems not yet completely resolved. It has also improved the standard of continuity of patient care.

Discussions have taken place, and it is expected that early in 1973, the late evening rota will be extended to give a full 24 hours nursing coverage to all patients.

Staffing

Apart from problems with male nurses (referred to above), the staffing position has been satisfactory. On 31st December, 1972 there was in post:

1	Superintendent District Nurse
1	Deputy Superintendent District Nurse
5	Senior District Nurses
26	State Registered Nurses (full-time)
15	State Registered Nurses (part-time)
13	State Enrolled Nurses (full-time)
1	State Enrolled Nurse (part-time)
15	Bathing Attendants (part-time)
1	Bathing Attendant (male full-time)

Sixteen persons joined the staff during the year (12 full-time, 4 part-time) and 10 left (6 full-time, 4 part-time).

Bathing Attendants

These women continue to make a valued contribution to the Service.

In November a man was appointed to assist the Male Charge Nurses with the bathing of their patients. A total of 19,055 visits were made during 1972; an increase of 2,167. The number of patients needing baths continues to increase. During 1972 there were 870 patients compared with 775 in 1971.

Draw Sheet Service

The supply and laundering of draw sheets for use by incontinent patients continues to be appreciated by the recipients and the nursing staff. During 1972, 383 patients used the service, and an average of 570 sheets were issued weekly. Disposable incontinent sheets were supplied to other patients, and totalled 62,500 during the year.

Night Sitters Service

There were 102 requests for "Night Sitting Service" during 1972. The majority were from the District Nursing Sisters and the remainder from family doctors and the Social Services Department.

Number of families helped	...	...	...	...	...	82
Number of families who made other arrangements	...	...	...	...	...	4
Number of patients admitted to hospital before help could be arranged	...	...	...	...	...	9
Number of patients who died	...	...	...	...	...	7
Average number of nights provided each week	...	...	...	...	...	20

Loan of Nursing Equipment

All applications for the loan of equipment are dealt with at the Edmund Street Clinic, and during the year 2,949 items (compared with 2,500 in 1971) were either issued to patients' relatives calling at the Clinic or delivered by Departmental transport. These items do not include disposable articles e.g. plastic sheeting, interliners, etc.

There are 48 different types of equipment in stock available for loan, ranging from hydraulic hoists to walking sticks. Because of the demand and

the fact that the period of loan is tending to lengthen, stocks of two of the most expensive items have been increased—commodes 398 (1971—309), and walking aids 323 (1971—245).

To ensure that equipment is returned when no longer required and to economise in the purchase of items, borrowers of equipment costing more than £1.50 are contacted quarterly to enquire whether equipment is still in use.

Of items collected or returned during the year, 160 had to be destroyed, being unfit for re-issue either through misuse, age or unhygienic condition.

During the year nine fireguards were issued to families with small children at risk, where the family could not, or would not, purchase a guard themselves.

Convalescent Home and Holidays

The demand for holidays at the Semon Convalescents' Home, Ilkley, is as great as ever. Applications are received throughout the year and dealt with promptly.

More applications are received than places are available and it is necessary to restrict holidays to one holiday per person in two years, except in the case of persons who have recently either suffered an illness, necessitating early convalescence, or have been discharged from hospital. In these circumstances every effort is made to secure early admission.

The number of holidays arranged for mothers and children under five years of age with a private boarding house in Blackpool has continued to diminish and only seven were sent on holiday during the year.

Chiropody

The number of treatments increased during 1972 by nearly 3,000 from 1971. Over 600 more treatments were given in 19 Health Centres and Clinics and 1,300 more domiciliary treatments. There has been an increase in the number of treatments to handicapped persons made possible by more regular visits to the Handicapped Persons Centre, Piccadilly, and to Raphael House. A regular attendance is now being made at the Day Centre at "Birchlands" in Rooley Lane, and with the opening of the Haworth Road Health Centre, a further three sessions per week were started.

The Service continues to grow, and even with eight full-time and 11 part-time chiropodists saturation has again been reached, and the length of time between treatments has had to be extended. Two further full-time chiropodists will be needed in 1973, as one of our part-time staff is to retire, and one member has cut her work to half.

More contact is being made with general practitioners who are increasingly aware of the Service. An excellent liaison exists between the Service and district nurses and health visitors, who keep the chiropodists informed of patients needing treatment.

The Chiropody Appliance Laboratory made 55 surgical appliances and eight were under construction at the end of the year. One half day each week is devoted to this work.

Rehousing on Medical Grounds

During 1972 the number of cases dealt with by the Department increased by more than 200; the increase taking place in the last three months of the year when the rise in the price of housing became more pronounced and the numbers applying for Corporation housing increased.

The shortage of ground floor accommodation is even more acute than it was last year and the waiting list of medically supported applicants for this type of accommodation is now over 800. In 1972, 1,468 applications were received of which 630 were given medical priority. However, due to commitments with the clearance programme the Housing Division was only able to allocate 324 properties to medical cases. This has meant an increase in the outstanding cases which now total 1,185. It was hoped that the waiting list would have decreased with the proposed building of old persons dwellings, but in 1972 only 133 new dwellings were completed—42 bungalows, 82 one-bedroomed flats and nine three-bedroomed houses.

This year, 1,135 applicants were visited in their homes (77.3 per cent) and assessments made by the interviewer were considered very carefully before a recommendation was made to the Division. The rest were interviewed in the Department or assessments made on information supplied by hospitals or general practitioners direct to the Deputy Medical Officer of Health (180 letters were sent to general practitioners this year).

The following table gives a break down of the work done in 1972:

	Rehousing (non-Corporation houses to Corporation houses)	Transfers (from one Corporation house to another)	TOTAL
(1) Cases considered on medical grounds	739	729	1,468
(2) Cases supported on medical grounds	317	313	630
(3) Cases recommended for ground floor accommodation included in line (2)	229	188	417
(4) Total lettings by the Housing Department	2,485	713	3,198
(5) Actual lettings on medical grounds	180	144	324
(6) Total actual lettings—line 5 —as percentage of total lettings—line 4.	7.2	20.2	10.2
(7) Cases previously supported, but not yet rehoused at 31.12.72			
Ground floor accom.	370)	436)	806)
Bungalows	3)	15)	18)
Others	214	147	361
	—	—	—
	587	598	1,185

Rehousing and Transfer on Medical Grounds

Total number of cases supported in 1972	...	...	...	630
Total number of cases not supported in 1972	...	...	...	698
Of the 630 cases supported, 376 referred to elderly persons				
Of the 698 cases not supported, 441 referred to elderly persons				

Visits made to Elderly Persons

Senior Medical Officer (Geriatrics)	...	...	...	2
Part-time Medical Officer (Geriatrics)	...	...	...	297
Senior Geriatric Health Visitor	...	...	...	536
Part-time Geriatric Health Visitor	...	...	...	7
				842

Other Visits Made:

Deputy Medical Officer	...	...	...	2
Departmental Medical Officers	...	...	...	124
Health Visitors	...	...	...	156
Others	...	...	...	11
				293
				Total 1,135

Outstanding Cases Supported but not yet Rehoused at 31st December, 1972

Ground floor accommodation	...	...	...	...	806
Bungalows	...	...	...	...	18
Others	...	...	...	...	361
					1,185
					Total 1,185

The total number of cases outstanding (1,185) refers to both elderly and young persons.

CHAPTER 6

AMBULANCE SERVICE

The total number of patients carried by ambulance or sitting case car during the year ending 31st December, 1972 was 312,027 and the mileage involved in the transport of these patients was 731,600.

These figures show a decrease of 10,794 patients carried and a decrease of 16,715 miles, compared with the figures for 1971.

Table 23 in the Appendix gives full comparative patient and mileage figures for 1971 to 1972.

Transport of Geriatric Patients

Transport of geriatric patients continued throughout the year and the following table gives the numbers of patients carried to the various day hospitals and the mileage involved:

Patients	1971	1972	Difference
Bierley Hall Day Hospital ...	14,214	13,517	— 697
Northern View Day Hospital ...	3,946	4,743	+ 797
Lynfield Mount Day Hospital ...	9,150	9,741	+ 591
Highroyds Day Hospital ...	178	—	— 178
	27,488	28,001	+ 513
Mileage			
Bierley Hall Day Hospital ...	26,032	26,959	+ 927
Northern View Day Hospital ...	8,865	9,688	+ 823
Lynfield Mount Day Hospital ...	19,223	17,463	—1,760
Highroyds Day Hospital ...	1,643	—	—1,643
	55,763	54,110	—1,653

Patients carried on behalf of the Education Department

The Ambulance Service carried 90,956 persons to and from various schools and training centres in the City during 1972, and the following table gives the numbers carried and miles travelled to each centre, with the comparative figures for 1971:

Patients	1971	1972	Difference
Lindley House School for E.S.N. Pupils ...	71,393	68,060	—3,333
Wedgwood House School for E.S.N. Pupils ...	24,416	20,390	—4,026
To other Special Schools ...	8	37	+ 29
Roundthorn Special School for E.S.N. Pupils ...	—	2,469	+ 2,469
	95,817	90,956	—4,861
Mileage			
Lindley House School for E.S.N. Pupils ...	62,511	63,252	+ 741
Wedgwood House School for E.S.N. Pupils ...	39,968	29,459	—10,509
To other Special Schools ...	40	158	+ 118
Roundthorn Special School for E.S.N. Pupils ...	—	5,544	+ 5,544
	102,519	98,413	—4,106

Social Services Department

The Ambulance Service carried 41,638 mentally handicapped persons to and from various training centres in the City during 1972, and the following table gives the numbers carried and miles travelled to each centre with the comparative figures for 1971:

Patients	1971	1972	Difference
Melville House Training Centre ...	37,024	35,871	—1,153
Glenholme Hostel	6,416	5,614	— 802
Mentally handicapped persons' outings	260	153	— 107
	43,700	41,638	—2,062
Mileage			
Melville House Training Centre ...	44,607	44,687	+ 80
Glenholme Hostel	10,646	10,191	— 455
Mentally handicapped persons' outings	1,360	377	— 983
	56,613	55,255	—1,358

Physically Handicapped Persons

The daily journeys (Monday to Friday), carrying physically handicapped persons on behalf of the Social Services Department to the Piccadilly, Raphael House and Birchlands Welfare Centres, etc., by the specially adapted Ambulance Service coaches, continued throughout the year, and 41,807 were transported to these various centres. This is a decrease of 4,654 compared with figures for 1971.

Arrangements were made on behalf of the Director of Social Services for 94 handicapped persons to be transported to Blackpool for their annual holiday during one week in June. Four special ambulance coaches were used to take them to Blackpool, and two coaches and three ambulance men were placed at their disposal to enable them to visit places of interest and amusement.

Several day and evening outings to the Yorkshire Dales and the East Coast holiday resorts were also made throughout the year.

The following is a list of special journeys made on behalf of the Social Services Department:

Social Services Department (physically handicapped persons)

March 28th	18 to Harrogate and Beekwithshaw
May 25th	40 to Long Preston
June 3rd	94 to Blaekpool (one week holiday)
June 21st	10 to Huby
July 4th	15 to Margaret Clitherow School
July 7th	19 to Scarborough
July 24th	48 to Buxton
July 25th	41 to Ripon
July 27th	29 to Long Preston
July 31st	39 to Valley Gardens, Harrogate
August 1st	43 to Valley Gardens, Harrogate
August 2nd	40 to Valley Gardens, Harrogate
August 3rd	40 to Valley Gardens, Harrogate

August 8th	29 to Long Preston
August 9th	40 to Valley Gardens, Harrogate
August 16th	36 to Valley Gardens, Harrogate
August 24th	35 to Buxton
September 4th	46 to Valley Gardens, Harrogate
October 25th	42 to Long Preston

Journeys undertaken on behalf of other Sections of the Social Services Department (mentally handicapped persons)

January 5th	26 from Melville House to "Yorkshire Post", Leeds
July 21st	24 from Glenholme Hostel to York
July 27th	24 from Glenholme Hostel to Morecambe

Blind Welfare

Ambulance coach transport was supplied throughout 1972 for blind persons from their homes to the Blind Social Centre at Morley Street.

The total number of blind persons carried was 5,611; an increase of 152 from 1971. The mileage involved in the transporting of these patients was 10,734, an increase of 404 from 1971.

On 23rd August, 1972 a party of 29 blind persons were taken by ambulance coach on a day outing to Valley Gardens, Harrogate.

Table 23 in the Appendix gives full comparative patient and mileage figures for 1971 and 1972.

Ambulance Fleet

All vehicle maintenance of Ambulance Service and other departmental vehicles continued to be carried out at the Ambulance Headquarters. At the end of 1972, the ages of the vehicles were as follows:

	0-1 yr	1-2 yrs	2-3 yrs	3-4 yrs	4-5 yrs	5-6 yrs	6-7 yrs	7-8 yrs	8-9 yrs	9-10 yrs	over 10 yrs
Dual purpose ambulances	—	15	—	—	4	—	11	3	1	—	—
Ambulance coaches	—	1	—	—	4	2	—	2	—	—	—
Sitting case cars	—	—	—	—	—	1	—	—	1	—	—
Other Departmental vehicles											
Disinfecting Station											
Vans	1	3	1	—	—	—	—	—	—	—	—
Cars	—	—	—	—	—	—	—	—	—	—	—
Maternity and Child Welfare Dept.											
Vans	1	1	—	—	—	—	—	—	—	—	—
Cars	—	1	—	—	—	—	—	—	—	—	—
Home Nursing Dept.											
Cars	—	2	1	—	—	—	1	1	—	—	—

Operational

It is gratifying to report that during the year several letters have been received expressing appreciation of the service given by members of the operational staff in the course of their duties. These letters were from members of the public, general practitioners, the non-medical Supervisor of Midwives, etc.

The Ambulance Service continued throughout 1972 to accept and deal with all messages for the other sections of the Health Department during non-office hours, including weekends and public holidays. This facility was also provided for the Social Services Department at their request.

Several parties of school children, Boy Scouts and other organisations visited the Ambulance Headquarters. They were all impressed by the high standard of the Service and in particular the life saving equipment carried on the ambulances and the system of control of the Service.

EPIDEMIOLOGY

Infectious Diseases

The Notification of Infectious Diseases

The Health Services and Public Health Act, 1968, and the Regulations made thereunder, the Public Health (Infectious Diseases) Regulations, 1968, came into operation in October, 1968.

The Regulations consolidated with amendments all previous Regulations relating to the notification and prevention of infectious disease except the Public Health (Prevention of Tuberculosis) Regulations, 1925.

The following diseases are now notifiable in Bradford:—

Acute encephalitis	Measles
Acute meningitis	Ophthalmia neonatorum
Acute poliomyelitis	Paratyphoid fever
Anthrax	Plague
Cholera	Relapsing fever
Diphtheria	Scarlet fever
Dysentery (amoebic or bacillary)	Smallpox
Food poisoning (and Salmonellosis)	Tetanus
Infective enteritis	Tuberculosis (including non-pulmonary)
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever

Routine investigation is made of all cases notified as suffering from enteritis, dysentery, salmonellosis, enteric fever and food poisoning. Cases of food poisoning are dealt with by the food inspectorate; field work in respect of the other diseases is carried out by two public health nurses specially appointed for the work. During an average year the nurses make about 7,500 visits to notified cases of infectious diseases in about 2,500 households. These are principally gastro-intestinal infections.

The specimens collected are submitted to the Public Health Laboratory at 18 Edmund Street, where they are rapidly examined and the results reported to us. We are greatly indebted to Dr. H. G. Smith, the Director, and to his staff, for the assistance we have received throughout the year. Our thanks are also due to Dr. A. J. Wellsteed, Consultant in Infectious Diseases at Leeds Road Hospital, for valuable assistance with cases admitted to the hospital during the year, and with investigations arising out of their occurrence.

During 1972, £712.04 was paid by the Department as compensation for loss of wages to 32 persons who had been requested to stop their employment in order to prevent the spread of an infectious disease. In 1971, £1,723.13 compensation was paid to 64 persons.

For many years, by agreement with the persons concerned, we have excluded from work in food shops, canteens, etc. persons notified as suffering from gastroenteritis, until a faecal specimen could be examined. In the majority of cases no pathogens are found; the person is compensated if

wages are lost and is allowed to return to work. Some authorities hold the view that such action is not necessary and that exclusion from work is only justified once the person has been shown to be an excreter of a pathogen. If such persons are not excluded, the few that yield salmonellas, for example, have possibly an additional 48 hours when they could theoretically contaminate foodstuffs with organisms that can kill. Apart from the major consideration, our action gives to us an opportunity to emphasise food hygiene and for this alone is justified.

The More Common Infectious Diseases

Measles

Cases 946. Deaths 0.

During 1972, 946 cases were notified compared with 491 cases in 1971. A commentary on vaccination against measles is given later in this chapter.

Whooping Cough

Cases 8. Deaths 0.

The eight cases were the lowest ever recorded, and compare with an annual average over the last 10 years of 161.

Whooping cough appears in cycles of two (or three) successive high years of incidence, followed by a low year, and the theory that after two or three high years, the reservoirs of susceptible children are too few to sustain the disease until a slow build-up occurs again, is supported.

Scarlet Fever

Cases 104. Deaths 0.

The average number of cases annually in the quinquennial period 1963 - 1967 was 242, and in the period 1968 - 1972 was 122. The disease continues to be mild, and few cases are admitted to hospital, as in former years.

Each case notified is investigated, and any food handlers, nurses, etc. in the household have nose and throat swabs taken, as a safeguard against possible food poisoning by Group A haemolytic streptococci.

Infective Jaundice /Hepatitis

Cases 105.

During 1969, the first full year in which notification of this infection was required, 429 cases were reported.

The number of notified cases fell to 293 in 1970, to 125 in 1971 and to 105 in 1972.

Dysentery

Cases 404.

The number of cases of bacillary dysentery (nearly all due to *Shigella sonnei*) notified, or discovered as a result of the bacteriological examination of faecal specimens from cases notified as enteritis, varies to a considerable extent in successive years.

Numbers of cases in the last few years have been as follows:

1965	...	774	1969	...	819
1966	...	336	1970	...	115
1967	...	884	1971	...	582
1968	...	260	1972	...	404

Successive "high" and "low" years appear to be quite coincidental, as there is no ready explanation.

Infective Enteritis

Cases 2,317

If faecal specimens from patients notified as suffering from any diarrhoeal disease yield no pathogenic organisms, the patient is debited to the total of enteritis cases.

The work of the Department in dealing with cases of enteritis and dysentery in the community is fully described in the Annual Report for 1970.

There were 10 deaths from enteritis and other diarrhoeal diseases during the year. The age groups involved demonstrate the hazards to the very young:

Age	Under 4 weeks	Over 4 weeks and under 1 year	1-4 years
Number	1	5	4

Influenza

Influenza is not a notifiable disease, but as an infectious disease causing a considerable amount of morbidity and some mortality, is worthy of comment.

An index of illness from influenza, etc. is the number of new claims for sickness benefit, sent weekly to us by the Department of Health and Social Security. The pattern of new claims is remarkably constant for each month of successive years—high in January, low in August/September, rising by the end of November to approximately 1,250 per week, and falling to 1,000 by the end of the year.

In 1972, from the beginning of December, new claims rose sharply, and by the end of the year had reached nearly 4,000—four times the norm, and the highest at that time of the year for over 10 years. The rise was due to influenza, and the virus proved to be a strain of virus A belonging to the A/England/42/72 variant.

During December the number of deaths registered in Bradford was 599 compared with 437 for the same period in 1971 (515 and 382 Bradford residents respectively).

Deaths of Bradford residents from respiratory infections were as follows:

	In December 1972	In December 1971
Influenza	9	— (3 during whole of 1971)
Pneumonia	78	29
Bronchitis	39	18

The Less Common Infectious Diseases

Diphtheria
Poliomyelitis
Anthrax
Smallpox

There were no cases of these diseases in Bradford during 1972.

Diphtheria

At the end of the year, we were informed that a man who lived in Shipley and who worked in Bradford had been in close contact with two children in Cumberland from whom positive nose and throat swabs for *Corynebacterium diphtheriae* had been obtained. The man had been in contact with an abnormally large number of people, both at work and socially. Because he had a "head cold" (as had the two carrier children), he was admitted to isolation hospital. Swabs were negative, and he was discharged.

The Manchester outbreak of diphtheria in 1971 demonstrated that the disease cannot be regarded as a thing of the past, and we must try to maintain a high level of immunisation against the disease in children.

Anthrax

The last case of anthrax notified in Bradford was in 1967.

At the end of the year a young woman died in Lancashire from pulmonary anthrax. She had been on a short holiday in North Africa. Several persons from Bradford and environs had been on the same "package deal". None of these persons were suspect, but several articles (toys, trinkets, etc. made from hides and stuffed with miscellaneous debris), were voluntarily surrendered by them, following national press publicity, and were destroyed. None of these articles yielded *B. anthracis*.

The source of the woman's infection was never discovered, but it seems probable that she may have breathed anthrax spores either in a cattle market, or when sorting through skin rugs, etc. in a bazaar in North Africa.

Encephalitis

Cases 3. Deaths 1.

A two-year-old child with meningo-encephalitis, and a ten-year-old child with encephalitis following mumps both recovered. An 85-year-old woman died from viral encephalitis.

Ophthalmia Neonatorum

Cases 3. Deaths 0.

The number of cases seen remains satisfactorily low, and has not changed significantly since 1951.

Malaria

Cases 9. Deaths 0.

Eight of the cases occurred in Asian immigrants who had recently arrived in the City and the other case was in a British soldier recently returned from Saudi-Arabia. The disease in each case had obviously been contracted outside the U.K.

Enteric Fever

Typhoid Fever

Cases 1. Deaths 0.

Paratyphoid Fever

Cases 1. Deaths 0.

The case of paratyphoid (*S. paratyphoid B*, phage type Taunton) occurred in a 13-year-old Asian boy, recently returned from a long holiday in Pakistan. A routine faecal specimen taken before the boy was re-admitted to school revealed the organism. He was a symptomless excretor, but as he and his father lodged with a relative in a house and food shop, the boy was removed to hospital until he ceased to excrete the organism. The situation in the food shop was carefully watched.

The case of typhoid fever (untypeable Vi strain) occurred in a seven-year-old English girl. She was admitted to the Children's Hospital as an acute abdomen, diagnosed there as a clinical typhoid and subsequently bacteriologically confirmed. The girl lived in an area predominantly occupied by Asian immigrants, and therefore containing Asian food shops. Cases of enteric fever that have occurred in Bradford in latter years have mostly been in newly arrived Asian immigrants, and in a few cases in indigenous persons recently returned from holidays abroad.

The child had not been abroad, and no "open" foodstuffs had been purchased by the mother from Asian shops. Exhaustive enquiries failed to reveal the source of the infection.

No cases secondary to the two index cases occurred.

Leprosy

Cases 0.

No new cases were reported during the year.

Nine persons are currently in the Leprosy Register.

Food Poisoning and Salmonellosis

There were 49 cases of food poisoning during the year, in four outbreaks. The outbreaks were thoroughly investigated, and the following are brief descriptions of each:

Outbreak 1—*S. agona* was isolated from faecal specimens from four persons who had eaten roast pork. The same organism was isolated from faecal specimens from two food handlers who had prepared the pork. No pathogens were isolated from roast pork or other specimens and swabs taken at the manufacturing premises, but it appeared that *S. agona* in pork was the cause of the outbreak. Total 6 cases.

Outbreak 2—Occurred at a residential hostel for elderly persons. *Staph. aureus* was isolated from vomit and faecal specimens from four patients, from a faeces specimen and a nose and throat swab from the cook, from a cut on the cook's finger, and from a throat swab from the assistant cook. *Staph. aureus* was isolated from ox tongue, and it appeared that the outbreak was due to Staphylococcal enterotoxin in the tongue. Total 9 cases.

Outbreak 3—Occurred at a factory canteen. *Cl. welchii* was isolated from one faecal specimen and from roast lamb, and it appeared that the outbreak was due to *Cl. welchii* in the lamb. Total 9 cases.

Outbreak 4—Occurred at a residential school. *Cl. welchii* was isolated from 12 faecal specimens from patients and from one faecal specimen from a food handler, and from brisket and pork. It appeared that the outbreak was due to *Cl. welchii* in boiled brisket. Total 25 cases.

Where faulty techniques in food preparation were discovered as a result of these episodes, the appropriate action was taken by the food inspectors.

There were 82 cases of salmonellosis during the year. The cases were classed to 'salmonellosis' as distinct from 'food poisoning' as food was not demonstrated to be the vehicle of infection.

In five family outbreaks caused by *S. typhimurium*, 10 cases were ascertained, and there were 19 sporadic cases—a total of 29.

The 53 cases of 'other' salmonellosis were as follows:

SALMONELLA						No. of cases
agona	...	...	...	...	...	17
anatum	...	...	...	...	...	7
st. paul	...	...	...	...	...	7
kiambu	...	...	...	...	...	2
enteritidis	...	...	...	...	...	2
hadar	...	...	...	...	...	2
stanley	...	...	...	...	...	1
derby	...	...	...	...	...	1
arechavaleta	...	...	...	...	...	2
manhattan	...	...	...	...	...	1
virchow	...	...	...	...	...	1
montevideo	...	...	...	...	...	1
kottbus	...	...	...	...	...	1
stanleyville	...	...	...	...	...	1
panama	...	...	...	...	...	1
unidentified	...	...	...	...	...	6

Venereal Disease

We are indebted to Dr. L. Z. Oller, Consultant Venereologist, for the following report:

"During the year 2,904 patients with new conditions, 1,889 male and 1,015 female, attended the Special Treatment Centre in Bradford. There was a substantial decrease in the incidence of syphilis and gonorrhoea, whereas that of almost all other sexually transmitted diseases increased.

Comparison with the figures for 1971 shows that the incidence of postpuberal gonorrhoea declined in men by 14 per cent from 461 to 398 and in women by 9 per cent from 249 to 213. No case was recorded of prepuberal gonorrhoea but there was one case of ophthalmia neonatorum in a male infant. The total of 612 cases of gonorrhoea was the same as in 1969, the lowest since 1961.

The decline in gonorrhoea in the male was unevenly distributed among the main racial groups. It was most spectacular among the Asian (41.5 per cent) and slight among the English men (less than 8 per cent), whilst there was an increase by more than 25 per cent in the West Indian men. The distribution of cases of gonorrhoea amongst the

various groups of men over the past 12 years are shown in the following table:

Year	U.K. born		Asians		W. Indians		Others		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
1961	129	(20)	285	(46)	147	(24)	64	(10)	625	(100)
1962	120	(19)	284	(43)	216	(32)	44	(6)	664	
1963	148	(21)	279	(40)	231	(32)	49	(7)	707	
1964	161	(21)	384	(50)	183	(24)	41	(5)	769	
1965	110	(21)	248	(47)	126	(24)	46	(8)	530	
1966	160	(28)	255	(45)	123	(21)	33	(6)	571	
1967	179	(31)	212	(37)	140	(25)	38	(7)	569	
1968	199	(42)	138	(30)	114	(23)	26	(5)	477	
1969	185	(47)	101	(26)	82	(21)	22	(6)	390	
1970	167	(41)	134	(33)	91	(23)	12	(3)	404	
1971	203	(44)	147	(32)	89	(19)	22	(5)	461	
1972	187	(45)	86	(22)	112	(28)	21	(5)	398	

Amongst the "others" there were 14 Irish, two Poles, one Hungarian, one Libyan and two African negroes. Of the 213 women 190 were born in the United Kingdom, 13 in the West Indies, six in Asia, two in Eire, one in Italy and one in Africa.

As regards the locality in which the infection took place, 471 patients, 296 male and 185 female, were infected in Bradford, 135 (97 male and 38 female) elsewhere in the United Kingdom and five (all men) in other countries. The age distribution was as follows:

Age group	Male	Female	Total
Under 16	0	7	7
16 and 17	8	21	29
18 and 19	41	35	76
20 to 24	111	87	198
25 and over	238	63	301
Totals	398	213	611

The decline in the incidence of gonorrhoea started in the last quarter of 1971 and continued throughout 1972, the figures in each quarter of this year being lower than in the corresponding quarter in the previous year. Judging by the provisional figures for the last quarter of 1971 and the first two quarters of 1972 issued quarterly by the Department of Health, this downward trend was evident elsewhere in England and Wales. There are two main factors which may have contributed to this welcome decline. Firstly infections due to strains of gonococci with very low sensitivity to penicillin occurred less frequently, and secondly spread of infection was reduced by more vigorous contact tracing in the last two years. The simplest and generally accepted method of tracing contacts of the infected patient is by contact slips which are given to the patient to pass on to the alleged source of his and her infection and any possible secondary contacts. During the year at the

Centre in Bradford 458 contact slips were given to patients with gonorrhoea (381 to males and 77 to females). In response, 199 contacts, 75 male and 142 female, attended the Centre. Of them 46 men (among them six homosexuals with rectal gonorrhoea) and 112 women were found to have gonorrhoea. Eight women with contact slips from Bradford attended other centres in Great Britain; seven were found to have gonorrhoea. Of the nine women with contact slips from other centres who were examined in Bradford all were found to be infected. It is estimated that other forms of contact action (social worker's visits, notification from other centres by telephone, letter or official contact report) accounted for successful tracing of at least 50 more cases of gonorrhoea, mostly in the female.

In the last three years syphilis, early and late, occurred only sporadically. In 1972 two men, both English, had secondary syphilis and one woman, an African negress, had early latent syphilis. Late forms of syphilis were detected in 11 patients (five male and six female). Contact action was taken in all cases. The three cases of early syphilis were unconnected; the original contacts of two of the patients were traced in other towns in Great Britain and the third remained undetected. Two secondary contacts in Bradford were followed up for a period of three months and found to be free from infection. Family investigation revealed one case of latent syphilis in a Pakistani whose pregnant wife was found to have syphilis as a result of routine antenatal blood tests.

There were two cases of latent yaws in one man and one woman from the West Indies, and no cases of chancroid, lymphogranuloma venereum or granuloma inguinale.

In contrast to gonococcal urethritis, the incidence of non-specific urethral infection in the male has been progressively increasing since 1969 and the number of cases in 1972 reached 664 (including five cases of Reiter's disease). This is an increase of 74.3 per cent over four years and is 19.4 per cent higher than in 1971 (554 cases). In women who are believed to be asymptomatic carriers of the infection, non-specific cervicitis or vaginitis was diagnosed in 30 cases. Of the two infections most frequently responsible for excessive irritating vaginal discharge in 1972, for the first time there were more cases of candidiasis than trichomoniasis (202 and 187 respectively compared with 149 and 249 in 1971). The 35.5 per cent rise in the incidence of candidiasis in one year may be explained by the increase in the use of oral contraception which encourages the growth of candida species in the vagina, not infrequently giving rise to symptoms of vulvovaginitis. Occasionally candida may be transmitted to the male partner causing balanoposthitis or, less frequently urethritis; 23 cases of candidal infection in men were recorded in the clinic (15 in 1971). The 25 per cent drop in the incidence of trichomoniasis may be accounted for partly by the decrease of gonorrhoea with which the infection is often associated, and partly by the presence of candida which thrives at a different pH than *Trichomonas vaginalis*, although there were a few cases of co-existence of both infections in one patient. In men, who are mostly asymptomatic carriers, *T. vaginalis* was detected in 25 cases (18 in 1971).

The distribution of other conditions was as follows (figures for 1971 in brackets):

venereal warts:	133 patients (104)	84 male (65) and 49 female (39);
scabies:	34 patients (30)	24 male (22) and 10 female (8);
pubic lice:	30 patients (25)	25 male (20) and 5 female (5);
herpes simplex		
progenitalis:	11 patients (12)	8 male (11) and 3 female (1);
molluscum		
contagiosum:	2 patients (1)	2 male (0) and no female (1);
all other conditions treated at the Centre	—241 patients (315), 199 male (274)	
	and 42 female (41);	
there were	694 patients (697), 428 male (454)	and 266 female (243).

Contact tracing in sexually transmitted diseases, other than syphilis and gonorrhoea, is not a generally accepted procedure. Patients are advised to send their sexual partners for examination and contact slips are issued, but if the contact fails to attend no further action is taken.

Tables showing the incidence of syphilis and gonorrhoea and the Centre activity since the war (1946-1972) are included in the Appendix.

Infectious and Other Diseases In Immigrants

Among Asian immigrants in 1972 there were eight cases of malaria and one case of paratyphoid fever. Of the 88 cases of salmonellosis in Bradford residents, 20 were Asians. Of 404 cases of dysentery, 47 were Asians.

No new cases of leprosy were notified.

Of 398 new cases of gonorrhoea among males, 86 were Asians and 112 West Indians—an aggregate of 50 per cent of the total.

During the last few years there has been a marked decline in the number of new arrivals from the West Indies, and the screening of new arrivals from abroad is almost wholly directed at Pakistanis, Indians, Kenyan and Ugandan Asians and occasionally Hong Kong Chinese, etc. A few West Indian children are seen.

The work of screening adults and immigrant children prior to entry to school has been fully described in previous reports.

Faecal specimens continue to be examined from children born abroad. Pathogenic organisms (*Shigella sonnei*, *salmonella* or *Shigella flexneri*) are found on rare occasions. The number of newly arrived children found to have helminth infestation is fairly constant at about 50 per cent, but most respond readily to treatment and the situation causes no concern.

The general health of adults and children alike is quite good, so that the detection, or better, the prevention of tuberculosis occupies 99 per cent of the time devoted in general to the health of immigrants.

Tuberculosis

The Bradford Chest Clinic notified 216 cases of tuberculosis during 1972, compared with 253 cases in 1971.

The following table, derived from Chest Clinic figures, gives the number of cases notified as suffering from tuberculosis: Asian and non-Asian by sex, in the period 1957-1972. Although the Asian immigrants started to come to Bradford in 1952-3, 1957 was the first year in which cases of tuberculosis in Asians began to influence materially the total number of cases notified in a year.

NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS
(all forms) 1957—1972

	Non-Asians				Asians				Full Total
	Men	Women	Children	Total	Men	Women	Children	Total	
1957	159	110	31	300	26	3	1	30	330
1958	147	92	20	259	67	4	—	71	330
1959	120	59	16	195	82	2	5	89	284
1960	118	66	17	201	61	3	2	66	267
1961	110	56	20	186	124	2	1	127	313
1962	83	47	9	139	209	6	4	219	358
1963	88	49	13	150	189	9	5	203	353
1964	94	38	6	138	168	17	15	200	338
1965	50	34	6	90	131	22	12	165	255
1966	51	25	15	91	105	36	16	157	248
1967	38	25	2	63	88	41	14	143	206
1968	56	25	4	85	105	44	18	167	252
1969	39	26	6	71	123	83	17	223	294
1970	58	16	1	75	105	60	13	178	253
1971	29	25	6	60	97	75	21	193	253
1972	32	27	4	63	78	58	17	153	216
Totals	1,273	720	176	2,166	1,758	465	161	2,384	4,550

It will be seen that in the 16 years, 2,166 cases have been notified in the non-Asian population and 2,384 in the Asian population. It is pleasing to report 40 fewer cases in the Asians in 1972 than in 1971 (19 fewer men, 17 women and four children). Nevertheless, in 1972, when the Asian population of Bradford was estimated to be about 10 per cent of the total population, the Asians gave rise to 70 per cent of all cases of tuberculosis.

The 1972 figures of 63 cases of tuberculosis among non-Asians and 153 cases among Asians were divided as follows:

	Non-Asians				Asians				Full Total
	Men	Women	Children	Total	Men	Women	Children	Total	
Pulmonary	28	20	4	52	54	42	11	107	159
Non-pulmonary	4	7	—	11	24	16	6	46	57
Total	32	27	4	63	78	78	17	153	216

The number of immigrants screened for tuberculosis at the 'adult' centre (The Mass Radiography Unit) during the past five years has been as follows:

1968	...	...	...	2,035
1969	...	...	...	2,483
1970	...	...	...	1,400
1971	...	...	...	1,137
1972	...	...	...	1,088
Total				8,143

About 25 per cent of the total of 8,143 were children, as the opportunity to Heaf test, give B.C.G. vaccine or chest X-ray children is not missed if they attend with immigrant parents.

The number of immigrant children screened prior to entry to school during the same period has been as follows:

1968	...	...	1,359
1969	...	...	1,238
1970	...	...	1,023
1971	...	...	806
1972	...	...	715

Total 5,141

The number of children examined each year varies directly with the number of children arriving from abroad, as children born in U.K. of immigrant parents are not examined prior to school entry. Such children receive the same medical examination as indigenous children at the first medical examination in school soon after entry at five years. Such children of immigrant parents have invariably been given B.C.G. vaccination in the pre-school years.

Advice notes of new arrivals from abroad were received in respect of 1,146 persons during 1972.

		Males	Females	Children	Total
Pakistan	...	45	296	386	727
India	...	22	85	58	165
Kenya	...	15	13	24	52
W. Indies	...	—	—	17	17
Others	...	24	30	15	* 69
Uganda	...	33	26	57	116
Total	...	139	450	557	1,146

* (includes 12 Ugandans before they were separately counted)

Totals for the past five years have been as follows:

		Males	Females	Children	Total
1968	...	229	559	591	1,379
1969	...	158	804	1,040	2,002
1970	...	123	644	897	1,664
1971	...	133	467	508	1,108
1972	...	139	450	557	1,146
Total	...	782	2,924	3,593	7,299

The above totals, by country of origin, have been as follows:

		Males	Females	Children	Total
Pakistan	...	285	2,030	2,602	4,917
India	...	248	622	535	1,405
Kenya	...	114	112	199	425
W. Indies	...	21	41	145	207
Others	...	114	119	112	345
Total	...	782	2,924	3,593	7,299

In earlier years, when Heaf tested at 13 years of age, approximately 12 per cent of indigenous children and about 50 per cent of Asian children were positive reactors. The age at which children are routinely skin tested, currently, has been brought down to 10 years. Many of the Asian children

have previously been given B.C.G. vaccine, and of the aggregate of Asian and indigenous children tested, about 17 per cent are positive reactors.

The records of newly arrived Asian immigrants tested (i.e. in U.K. for not more than two months) have revealed the following percentages of positive reactors:

19 per cent of children under 5
40 per cent of children aged 5-9
56 per cent of children aged 10-15
75 per cent of adults

Newly arrived immigrants or children routinely found to be strongly positive reactors (grades 3 or 4), are noted to be kept under surveillance by the Chest Clinic, and, on average, are given repeat X-rays for about a year.

It would seem inevitable that some of the grade 3 and 4 reactors among school children will become our adult cases of the future, and we must expect some more cases in adult Asians who are grade 3 or 4 reactors, but who currently have clear chest X-rays.

There is no real hope that a massive decline will be seen in the annual number of cases of tuberculosis among the Asian population, particularly among adults, but as the number of new arrivals from abroad was nearly halved between 1969 and 1971 (2,002 to 1,146), and as we have growing up here a child population (children born in Bradford of immigrant parents) that is largely protected by B.C.G. vaccination, it is considered that the problem of tuberculosis cannot worsen, and that a slow but steady improvement will be seen.

PREVENTION AND EARLY DETECTION OF DISEASE

Mass Radiography

We are indebted to Dr. J. B. Deasy, Medical Director of the Bradford Mass Radiography Service, for the following report:

"Examinations by the Mass Radiography Service in Bradford County Borough Area during 1972 totalled 25,472, of which 14,984 were examined at the Static Unit in Rawson Road. This was 1,241 more than the attendance at this unit in the previous year. A considerable reduction in the number of examinations by the Mobile Unit was due to the strike of electricity workers in the early months of 1972, when our mobile generator was loaned to maintain essential electricity supplies at a local hospital. Despite this, however, the number of cases of tuberculosis requiring treatment found by this Service in the City was 99—an increase of 5 cases from the previous year. General practitioner's referrals to the Static Unit accounted for 76 of these new cases of tuberculosis, and a further 10 cases were found through the Health Department's tuberculin and X-ray survey of immigrants and their dependants. Elimination of both these selected groups from the total reveals that 17,137 examinations in the unselected population revealed 13 cases of tuberculosis requiring treatment, an incidence of 0.8 cases

per 1,000 examinations which again compares favourably with the incidence of 1.0 per 1,000 examinees in 1971 and 1.6 per 1,000 examined in 1970.

Of the total of 99 cases of tuberculosis requiring treatment found amongst Bradford residents, 73 were Asian immigrants, which indicates that 26 cases arose in the indigenous population—an increase from the 19 cases in the same population in 1971. A slight relative rise in the proportion of female patients is again noted—the sex break-down of the cases showing 62 males and 37 females.

The number of persons referred by general practitioners to the Static Unit during the year was 6,909; slightly fewer than in the previous year, but the incidence of tuberculosis in this group rose to 11 per 1,000 examined (76 cases). This group also produced 54 cases of pulmonary neoplasm which showed a similar incidence to the previous year.

Surveys by the Mobile Unit in the Bradford County Area revealed nine cases of tuberculosis in 10,488 examinees amongst mainly industrial groups. The incidence of treatable tuberculosis in these surveys shows a fall from 1.15 per 1,000 in 1971 to 0.9 per 1,000 in 1972. Nevertheless the full year's work of the Mobile Unit in Bradford and adjoining towns revealed a total of 123 cases of significant abnormalities of the heart and lungs.

Origin of Cases referred to Bradford Chest Clinic in 1972

	Males	Females	Children	Totals
General Practitioners	12	14	7	33
M.M.R. Unit	20	13	2	35)
M.M.R. Unit (G.P. referrals)	31	17	—	48)
Hospitals	44	36	5	85
Contacts	3	5	7	15
				216

It is seen from the table that notifications of tuberculosis at Bradford Chest Clinic totalled 216 in 1972, and of this total 83 cases were referred from the M.M.R. Service, including 48 patients who were picked up by the G.P. exclusion X-ray scheme. This is a higher proportion of the total notifications than any previous year's contribution by the M.M.R. Service, and would suggest increasing effectiveness of the local Service. There is no doubt that the G.P. exclusion X-ray scheme which has now been run by the M.M.R. Service since 1966 is increasing in popularity and usefulness to general practitioners who have come to accept it as a virtually essential service. The contribution of Mass Radiography to the control of tuberculosis in this part of the country shows no evidence of diminution, despite observations to the contrary regarding the Service in the national context".

Vaccination and Immunisation

The computer recording system for vaccination and immunisation has been fully described in previous Reports.

The computer master record covers children up to the age of nine years. Diphtheria/tetanus and oral polio re-inforcement, described as being given at 'school entry', are in fact given at the first school medical examination, within the first few months of a child being admitted to school at five years. Our aim is to give maximum possible protection to children before the age of six—leaving for later years only B.C.G. vaccination, immunisation against rubella (for girls) and polio and tetanus re-inforcement for school leavers.

Table 24 in the Appendix gives full details of children under 16 given primary courses and re-inforcing doses of the following vaccines during 1971:

Triple (diphtheria, pertussis, tetanus)
 Diphtheria/tetanus
 Diphtheria
 Tetanus
 Oral poliomyelitis
 Measles
 Rubella

The following is the schedule we now recommend:

Age	Vaccine(s)
6 months	First dose triple (diphtheria, whooping cough, tetanus)
	First dose oral polio
8 months	Second dose triple
	Second dose polio
12 months	Third dose triple
	Third dose polio
13 months	Measles
School Entry	Diphtheria/tetanus re-inforcement
	Oral polio re-inforcement
10 years	B.C.G. (tuberculosis)
11 years (girls)	Rubella
School Leavers	Oral polio re-inforcement
	Tetanus re-inforcement

Primary smallpox vaccination, previously given at the age of 15 months, is not now recommended. It is considered that the risk of complications following vaccination of babies (in the U.K.) is greater than the risk of being exposed to smallpox infection, following the world-wide decline in the incidence of the disease.

We are, however, encouraging the vaccination of babies who return with their parents for holiday, etc. in India and Pakistan, and who intend to return to the U.K.

B.C.G. Vaccine

Some 75 per cent of newly-arrived Asian immigrants are positive reactors to the Heaf test. The remaining 25 per cent (mostly young adults) are offered B.C.G. vaccination, and during 1972, the number vaccinated was 153.

The number of adult immigrants attending the screening clinic (at the Mass Radiography Unit) during 1972 was 756, though not all were newly-arrived. These persons took with them a total of 332 children, of whom 230 were negative reactors and were vaccinated.

The policy of giving B.C.G. to all Asian babies during the first few months of life was continued. During 1972, 1,414 children under five years were given B.C.G., and 1,241 were under three months old. Most of the

children under five were Asians, but the number includes some indigenous children dealt with as contacts of cases of tuberculosis.

B.C.G. is recommended routinely for "indigenous" children when they become 10 years old. The 10-year-old school child population obviously contains many Asian children, many of whom have previously had B.C.G. One would expect about 10 per cent of truly indigenous 10-year-olds to be Heaf positive and up to 50 per cent of Asian children to be positive. In fact the number of mixed 10-year-olds tested during 1972 was 4,477. Of 4,239 tests read, 729 (17 per cent) were positive, and 3,510 negative reactors were vaccinated.

Because of the high incidence of tuberculosis among Asian immigrants, Asian children (born abroad) are skin tested and given B.C.G. as appropriate immediately before school entry at five, or at any age (5-15) if newly arrived. Some children (born abroad) who present at five have been previously screened prior to school entry, and 350 were vaccinated.

Children born in U.K. of one or more Asian parents are examined, along with indigenous children, at the first school medical examination. Such Asian children have invariably previously been given B.C.G. (at birth).

The Tuberculosis Health Visitors skin tested 964 contacts of cases of tuberculosis during the year; the skin tests being done either at the Chest Clinic or 'in the field'. As a result 354 persons were vaccinated.

Summary of B.C.G. vaccinations during 1972:

		No. vaccinated	% tested who were positive
Contacts of cases of tuberculosis	...	354	36
Adult Asian immigrants at the Screening Clinic	...	153	78
Asian child immigrants at the Screening Clinic	...	230	28
Asian children prior to admission to school	...	350	38
School children, routinely at 10 years	...	3,510	38
Children under 5, not included in any of the above (mostly Asian babies born in Bradford)	...	1,414	—
Total		6,011	

Immunisation against Measles

Only 91 cases of measles were recorded in 1969, and it was hoped that the effect of immunisation was at last being seen. During 1970, in the nation as a whole, the number of notified cases soared, and the figure for Bradford was 2,640. This was almost as high a number as the highest of previous years, and was very disappointing. The number notified in 1971 was 491, and 946 in 1972.

The 946 cases were in the following age groups:

										Age
Under 1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25+	Unknown	

In the same period, 4,595 children were immunised, in the following age groups:

Under 1	1-2	2-3	3-4	4-7	Others under 16
8	3,114	940	133	395	5

The pattern of spread of measles appears to be the infection of a relatively small number of susceptible children in their first years at school, and the subsequent spread of the disease to pre-school siblings at home. The recommended age for measles immunisation is 13 months, and it is interesting that in 1972, 50 cases were reported in children under one year of age.

By no means is every child immunised against diphtheria and poliomyelitis and yet the diseases have almost disappeared. At the peak incidence of these diseases in the past, the reservoirs of infection were relatively small.

By analogy we may have expected too much too soon of measles vaccine. It would seem that only if we could immunise 100 per cent of our babies for several successive years will we see a marked diminution in the number of cases.

Even so, for a few years we can expect cases in older children at school who have not had the disease and who have not been immunised, in spite of ample opportunity.

Immunisation against Rubella (German measles)

During 1971, only 20 immunisations were given, as the extra-ordinary large B.C.G. programme occupied the whole of the 'vaccination' time available to the assistant medical officers and nursing staff.

In the latter part of 1972, 1,652 girls between their 11th and 14th birthdays were immunised by local authority medical officers in clinics or in schools. At the end of the year, a further 1,038 were awaiting immunisation by local authority medical officers, and about 700 by the general practitioners in early 1973.

Towards the end of the year, the scheme for immunisation of sero-negative women in the post-partum period started. Only a few were immunised by the end of the year, but the scheme was "off the ground". Although it was too early to make a finite assessment, it appeared that some 15 per cent of these women were sero-negative when bloods were examined during pregnancy.

Vaccination against Smallpox

There were no cases reported of generalised vaccinia or post-vaccinal encephalitis, or of other complications of vaccination during the year.

Routine vaccination of children in the U.K. is no longer recommended, and in future vaccination will be largely restricted to persons travelling abroad to endemic areas.

The following vaccinations were given during 1972:

	Under 1	1 year	2-4 years	5-15 years	Older persons	Total
Primary vaccination	32	277	319	88	880	1,596
Revaccination	—	—	8	87	313	408
					Total	2,004

The comparable figure to the total (2,004) in 1971 was 3,771.

In addition to the above, the Senior Medical Officer (Epidemiology) gave 183 vaccinations, all to persons travelling abroad.

Vaccination and Immunisation for International Travel

Antigen/ vaccine	Injection	By local authority medical officers	By general practitioners, hospital doctors, etc.	Total
Cholera	1	—	684	684
	2	—	280	280
	3	13	1	14
T.A.B.	1	—	73	73
	2	—	29	29
	3	4	—	4
Cholera and T.A.B. combined	1	—	69	69
	2	—	12	12
	3	1	18	19
T.A.B. and Tetanus combined	1	—	42	42
	2	—	35	35
	3	—	—	—
Yellow fever	1	513	NA	513
		—	—	—
	Totals	531	1,243	1,774
		—	—	—

Of the 531 persons vaccinated by local authority medical officers, 167 were Bradford residents, and 364 lived outside the City. Of the 364, 352 received yellow fever vaccination—Bradford being one of the limited number of centres throughout the country for this vaccination.

In addition to the above, the S.M.O. (Epidemiology) gave the following:

Antigen/Vaccine	No.
Cholera	106
T.A.B. & Cholera	30
T.A.B.	28
Typhus	9
Poliomyelitis	16
Tetanus	3
Influenza	161
(to Health Department Staff)	

Anthrax Vaccination

The Department continues to assist some firms by the vaccination of persons at risk to anthrax infection.

During 1972, 47 injections were given to 44 persons.

Screening for Cancer of the Cervix and Breast

This aspect of prevention and early detection of disease is described in Chapter 1 (Maternity Services).

Surveillance of persons from Smallpox and Cholera Areas

During 1972, 25 persons arrived in the United Kingdom, destined for Bradford, from areas abroad where smallpox was endemic, or areas declared to be 'locally infected' and were referred to us by the respective port health authorities (primarily airports), for surveillance.

These persons are referred principally for one of the following reasons:

1. They are not in possession of a valid International Certificate of Vaccination against smallpox.
2. Smallpox vaccination is medically contra-indicated.
3. They refuse vaccination.

All were visited, their state of vaccination (if any) checked, and International Certificates examined.

In the event, six of the 25 persons were kept under daily surveillance for 14 days.

In addition, three persons from 'cholera areas' were kept under surveillance for five days.

Non-Infectious Diseases

Heart Disease

Heart disease continues to be the greatest single cause of death in the City and this is in accordance with the general experience in the United Kingdom.

The following table shows the distribution of deaths from ischaemic heart disease in Bradford in 1972:

Age Group	25-34	35-44	45-54	55-64	65-74	75+	Total
Males	—	14	79	152	222	190	657
Females	1	1	18	59	191	383	653
							1,310

Cancer

There were 754 deaths from cancer during the year (405 males and 349 females). They were distributed as follows:

malignant neoplasm—	Males	Females	Total
buccal cavity	4	5	9
oesophagus	10	11	21
stomach	40	38	78
intestine	42	47	89
larynx	3	2	5
lung, bronchus	179	33	212
breast	1	61	62
uterus	—	25	25
prostate	28	—	28
others	80	120	200
leukaemia	11	4	15
benign and unspecified neoplasms	7	3	10
	405	349	754

Accidental Deaths, Suicides and other Violent Deaths

There were 111 violent deaths during 1972:

Home accidents	...	...	...	26
Suicide	...	...	...	9
Motor vehicle accidents	...	...	...	71
Others (five manslaughter one infanticide)	...	...	...	6
				111

The age distribution was as follows:

	Age Groups										
	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total	
Home Accidents											
Fall	—	—	—	—	—	—	—	—	4	2	6
Poisoning	—	—	—	—	—	—	—	—	—	—	—
barbiturate	—	—	3	1	1	2	—	3	—	10	
barbiturate &	—	—	—	—	—	—	—	—	—	—	—
alcohol	—	—	—	—	—	—	—	1	—	1	
asprin	—	—	—	—	—	—	—	1	—	1	
Electrocution	—	—	1	—	—	—	—	—	—	—	1
Fire	3	—	—	—	—	—	1	1	2	7	
Total	3	—	4	1	1	2	1	10	4	26	
Suicide											
Poisoning	—	—	—	1	—	—	—	—	—	—	1
coal gas	—	—	—	—	—	—	—	—	—	—	—
barbiturate	—	—	1	—	1	1	—	1	1	5	
Asphyxia	—	—	2	—	—	—	—	—	—	—	2
Gunshot	—	—	—	—	—	—	—	1	—	1	
Total	—	—	3	1	1	1	—	2	1	9	
Motor Vehicle Accidents											
	3	13	13	9	5	4	7	11	6	69	
Others	2	2	1	—	1	—	—	—	—	—	6

ENVIRONMENTAL HYGIENE**District Inspectors**

The duties of the inspectors cover a wide field of environmental hygiene, and include the investigation of complaints about public health and housing matters, the inspection of premises and the supervision of repairs and improvements to buildings and houses.

During the year, 4,630 complaints were received and investigated. In many cases the service of a statutory notice under the Public Health Acts was necessary but a large number of them were only in connection with minor items of disrepair.

Due to the regular visiting by a member of the staff no serious overcrowding took place in the many houses let in multiple occupation and occupied mainly by male Pakistani immigrants.

One hundred and fifty-five notices were served under Sections 15 and 16 of the Housing Act, 1961 on persons in control of houses let in multiple occupation.

There were two exhumations during the year. On three occasions bodies were sent overseas for burial, and the placing of the bodies in, and the effective sealing of, the metal containers was done under the supervision of an inspector.

During the year there was a decrease in the number of applications for Qualification Certificates.

Common Lodging Houses

There are two common lodging houses in the City, both of which are in the control of the Salvation Army. These establishments, containing seven sleeping rooms, were inspected on 25 occasions during the year.

The total number of persons accommodated during the year was 38,925 (41,251 in 1971). The nightly average was 106, representing 67 per cent of the 158 beds available.

Hygiene in Factories and for Building Operatives

At the year end there were 2,105 factories in the register which is kept by the Council under Section 8 (5) of the Factories Act, 1961. This figure consists of 1,997 power factories, 83 non-power factories and 45 other premises (mainly building sites).

The Act also makes the Authority responsible for enforcing the provision of adequate sanitary accommodation for building operatives.

The proposed new legislation (referred to in the Offices, Shops and Railway Premises Act section) will inevitably alter the division of responsibilities now existing between H.M. Factory Inspectorate and the Local Authority regarding premises which are now subject to the Factories Act, 1961.

Outworkers

As the register of outworkers included 36 persons who live outside the City it was necessary to send details to 14 other local authorities.

The total number of outworkers notified was 133—textile (burling and mending) 79, wearing apparel 48, curtains and furniture two, and brush making four.

Offices, Shops and Railway Premises Act, 1963

Inspections of newly registered premises and re-inspections of existing registered premises were continued during the year. The computerised recording of visits has rendered possible a systematic "pick-up" of premises due to be visited within a determined time scale, and it has proved possible to integrate these visits with new inspections in the same areas so as to minimise unnecessary travel.

The coal strike and its effect on electricity supplies, in the early part of the year, caused some difficulty to those responsible for keeping their employees reasonably warm, and their places of work properly lighted, and in these abnormal circumstances allowances were made. Creditable efforts were made by most employers to meet the challenge, and complaints to the Department were few. One large department store commanded such loyalty from its staff that the central heating system was sustained in part by fuel contributions, large and small, from its employees' homes.

In general, there was excellent co-operation from those responsible for complying with the Act, and it was again not necessary to resort to the courts.

Twenty-three adverse lift reports were received—there was a surprisingly large variety of defects disclosed, ranging from badly splintered suspension ropes, and lack of safety gear—matters clearly of immediate concern—to items such as defective light fittings, and lack of proper safe load markings, to which a more relaxed attitude could be adopted.

The extent to which liftways should be enclosed has, from time to time, caused some lively discussion between the Inspector concerned and the person responsible for complying with the Regulations, but it has now become generally accepted that the enclosure should be total.

The Robens Report on Safety and Health at Work, which was published in July 1972, has resulted in a great deal of discussion and criticism from Members of Parliament, employers in various industries, Trade Union Leaders and other interested parties.

Even after the introduction of the Offices, Shops and Railway Premises Act in 1963, which brought millions of workers under legislation for the first time, there still remained between five million and six million workers who were not covered by any form of legislation regarding Safety, Health and Welfare.

It is apparently the Government's intention to introduce legislation in the 1973/74 Session which will cover all persons employed to work other than those in domestic premises.

It is anticipated that the enforcement of the provisions of the new Act for the vast majority of workers employed in non-industrial premises will be the responsibility of the Local Authority's Public Health Inspectorate.

Dangerous Conditions and Practices (Section 22)

It was not necessary to take any action under this Section.

Accidents

During the year, 114 accidents were reported, of which 14 were investigated, and the appropriate advice given. There were no fatalities. The total of reported accidents has risen by 22 compared with last year.

Mishaps occurring as a result of carelessness in the use of ladders were more numerous than usual—one such accident resulted in a foreman window cleaner, who had been re-called to clean an electric light fitting in a mail order warehouse, sustaining a broken back. Although a proper tower ladder was available within a reasonable distance, he apparently decided to save a few minutes, and propped an ordinary ladder against a narrow roof girder. The ladder slipped, and he fell approximately 12 feet. Happily he made a good recovery and is back at work.

An accident of a similar kind to a young warehouse worker using a ladder, unnecessarily, to convey goods from one level to another resulted in the employer agreeing to the construction of a second staircase to avoid the situation arising again.

There were no accidents reported involving conveyors or food slicers—in these two areas of potentially serious danger, a sustained improvement is apparent.

Accidents were reported as follows:—

1. Offices	...	...	...	...	...	22
2. Retail shops	...	...	...	...	...	19
3. Wholesale shops and warehouses					...	59
4. Catering establishments and canteens					...	14

Rag Flock and Other Filling Materials Act, 1951

There were 17 registered premises in the City and 24 visits were made to them.

Twenty-one formal samples were taken during the year. Two of these samples were reported by the Analyst as failing to comply with the Regulations made under the Act; one of the failures was marginal and has been dealt with accordingly.

The other sample (of cotton felt) had a 'trash' content substantially in excess of the statutory minimum, and legal proceedings against the supplier were set in train at the turn of the year.

It has been determined that plastic foam is not caught by the new Regulations which came into operation on the 3rd November, 1971, and the danger of fire from the sampling procedure is therefore reduced.

Hairdressers and Barbers

(*Bradford Corporation Act, 1949, Section 28*)

The Act requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation. Byelaws have been made under this Section which require the cleanliness of premises, instruments, towels and equipment.

Where persons are employed, opportunity was taken to combine visits under this Act with visits under the Offices, Shops and Railway Premises Act, 1963, and where self-employed persons only were concerned, separate visits were made at intervals. All premises were inspected on initial registration.

At the end of the year there were 383 premises on the register, and 87 visits were made to them.

Six complaints were received on matters covered by the Byelaws; four appeared to be justified and were dealt with quickly and satisfactorily.

Smoke Abatement

The North West Smoke Control Order, which is one of the largest Smoke Control Orders in the country, became operative on the 1st May, 1972 and brought a further 15,691 houses and 3,350 acres under smoke control.

The Bradford Moor Smoke Control Order has made a steady progress during the year and will become operative on the 1st July, 1973.

The City of Bradford (North) Smoke Control Order, 1972 and the City of Bradford (East) Smoke Control Order, 1972 were confirmed in August 1972 and September 1972 respectively, and when these Orders become operative on the 1st July, 1974 the smoke control programme for the City will have been completed.

The following table showing the decline in smoke and sulphur dioxide clearly indicates the success of the smoke control programme over the past 13 years:

Smoke—Microgrammes per cubic metre 1959—71.

Year	Total Smoke	No. of Stations	Average per Station
1959	2,046	7	292.3
1960	2,804	8	350.5
1961	1,901	8	237.6
1962	2,041	9	226.8
1963	1,935	9	215
1964	1,576	9	175.1
1965	1,383	9	153.7
1966	1,322	9	147
1967	931	9	103.5
1968	886	9	98.5
1969	827	9	92
1970	749	9	83.2
1971	660	9	73.3

Sulphur Dioxide—Microgrammes per cubic metre 1959—71.

Year	Total SO ₂	No. of Stations	Average per Station
1959	2,026	7	289.4
1960	1,776	8	222
1961	1,580	8	197.5
1962	2,073	9	230.4
1963	2,160	9	240
1964	1,671	9	185.7
1965	1,638	9	182
1966	1,663	9	184.8
1967	1,413	9	157
1968	1,365	9	151.7
1969	1,415	9	157.2
1970	1,314	9	146
1971	1,283	9	142.6

During the year 94 complaints were received and investigated in connection with smoke and 15 in connection with grit emissions. Improvements were effected in every case.

There were 840 observations made of industrial chimneys and 768 visits to premises in connection with smoke abatement. As a result of investigations four formal and 105 informal notices were served on the offending persons. Arising from the observations and visits many improvements were made to boiler plants, etc. Forty-one applications for prior approval of such plants were considered under the Clean Air Acts, 1956 and 1968.

Legal proceedings were instituted against a firm of brick manufacturers for causing a smoke nuisance. A Nuisance Order was made requiring the firm to abate the nuisance within six months.

Housing

The increasing activity in the slum clearance and housing improvement fields, obvious during 1971, has shown an unprecedented upsurge during 1972, particularly in improvement grants. Over 4,600 applications for grant aid were received, and all but 160 were inspected. Applications for grant aid during 1970 amounted to 1,581, in 1971 2,361, and in 1972 4,621.

The increasing interest shown by property owners is attributed in part to the Council's publicity operation and the exhibition held this year in the Wool Exchange, but principally to the introduction of the 75 per cent grant in May. At one period, grant applications were being received at a rate of 300 per week.

This phenomenal rate has caused considerable difficulties in the smooth running of the scheme. Increases in staff have been made from time to time in an endeavour to cope with the flow, but the extra has soon been eaten up.

An increase in the rate of application has been found to generate a disproportionate increase in other sides of the work, particularly when the system has become overloaded. More and more time is spent by the staff in explaining matters to applicants telephoning or calling at the office, thus slowing down the system even further.

The staff at the housing office, both professional and clerical, fulfil a dual role. They are each concerned with the clearance programme and the improvement programme, neither of which can take priority over the other.

The clearance programme has necessitated the representation of 1,534 houses in clearance areas and compulsory purchase orders in addition to the control of the areas awaiting confirmation, the confirmed areas where rehousing is taking place, and the management of demolition contracts. Survey work and the monitoring of housing conditions in general has had to be halted in order to deal with the pressing work emerging from the current programmes.

The control of dereliction and theft and vandalism in vacant properties is a continuing source of trouble, taking up more and more of the staff's time. It is unproductive and needless work when compared to other matters, such as improvement grant visits, but must be dealt with in order that the families remaining in the pending clearance areas do not suffer undue hardship. The work is needless in that it is an unnecessary drain on the Council's staff and financial resources brought about by the anti-social, thoughtless behaviour of a minority in the community.

Area Improvement work has expanded rapidly. The first phase of the Barkerend General Improvement Area was completed in April and opened by the Rt. Hon. Julian Amery, M.P. This scheme was submitted to the Department of the Environment and R.I.B.A. annual design award competition and won the gold medal for design in a General Improvement Area. Work on the Low Moor, Lidget Phase 1, and Longlands schemes is well advanced and will be completed early in the new year.

During the year four new General Improvement Areas were declared at Pollard Park, Lidget Green, Bierley and Low Moor, containing over 3,300 houses.

The areas declared General Improvement Areas now contain over 5,700 dwellings and further areas containing some 2,400 dwellings are in prospect.

Improvement Grants

During the year 4,621 applications for grant have been received; 626 full improvement grants have been approved, and 761 standard grants. Thus since the commencement of the grant schemes 3,121 full improvement grants have been approved and 11,100 standard grants, a total of 14,221 dwellings.

Mortgage Loans

The rate of applications for mortgage loans to assist with the cost of improvements continues to increase. Seven hundred and thirteen applications were received compared with 441 during 1971.

Clearance Programme

A total of 1,534 dwellings have been represented to Committee during this year and included in clearance areas and compulsory purchase orders or treated as being individually unfit for habitation.

Five hundred and seventy-one families have been rehoused, 1,746 houses demolished and 25 closed where demolition was inexpedient.

Seventy-three clearance areas were declared and included in 33 compulsory purchase orders. Confirmation of 17 orders has been received and public enquiries held into six orders. Seventeen sites have been cleared and made available for redevelopment.

The Council has continued its policy of making ex-gratia payments to householders suffering hardship to help with the costs arising from their being displaced and to retail traders who did not qualify for statutory compensation.

The upsurge in the cost of old and new housing has affected the Department's activities. Landlords now come forward as a matter of course with applications for grant aid to improve their tenanted dwellings, and more applications are being received regarding the conversion of large outmoded dwellings to form self-contained flats. The level of what may be termed 'reasonable expenditure' in relation to the repair or improvement of a dwelling has risen substantially and owners are now prepared to spend what would have been classed as inordinate amounts of money a matter of two years ago. Expenditure of as much as £2,000 on a house costing possibly £1,800 is becoming more and more frequent.

The standard grant with its limited application to the provision of the bare minimum of a bathroom with water-closet, hot water and sink is declining in popularity as more and more owners realise the advantage of owning a fully improved dwelling.

The picture which emerges is a trend towards more expensive housing of a much higher standard than would have been sought a short time ago. The Council can do little to restrict the rise in house prices, but welcomes and encourages the desire of the householder to own and occupy a good quality dwelling with a high standard of amenity.

Rent Act, 1968

No applications for Certificates of Disrepair were received.

Housing Finance Act, 1972

During the year 185 applications were received for Qualification Certificates in respect of houses with or without the required amenities. One hundred and forty-one final certificates were issued and in 18 cases the applications were refused. These figures cannot be related because some applications are received in one year and granted in the next.

Disinfection and Disinfestation

Very little disinfection was carried out during the year for cases of infectious disease, and the work of disinfestation, mainly due to the rehousing programme, was of a similar tempo to the previous year.

Requests were again received to disinfect second-hand articles of wearing apparel which were being sent to European countries and certificates were issued in respect of 217 articles. A small charge was made for each parcel submitted.

Swimming Baths

During the year 206 samples of water from the 24 public and school swimming baths were submitted to the Public Health Laboratory for testing in respect of the residual chlorine content.

Water Supply

Routine sampling was continued during the year. Two hundred and four bacteriological and 260 plumbago-solvency samples of the town's supply were examined and found to be negative. In addition, 131 samples of water taken from other sources, such as flooded cellars, by the district public health inspectors during the investigation of statutory nuisances were submitted for chemical examination.

Sixty-seven dwellings in the City are supplied with fluoridated water from the Rombalds Water Board. A constant check has been made on the supply by sampling, and the fluoride content has consistently been satisfactory. We are indebted to the Waterworks Engineer, Mr. S. Asquith, B.Sc., M.I.C.E., M.I.W.E., for the following information on Bradford's water supply, as requested in circular 1/72:

"The quality has been satisfactory, and the quantity has been adequate. All waters are filtered and chlorinated before distribution.

Fluoride content:

Low level	...	...	...	...	0.01	p.p.m.
Intermediate level	...	...	...	...	0.05	p.p.m.
High level—Thornton Moor	...	...	...	...	0.1	p.p.m.
High level—Thornton Pressure	...	...	...	...	0.1	p.p.m.

Bacteriological examination

Raw Water:

Total samples examined	...	...	...	...	249
Samples containing presumptive coliforms	...	...	...	...	230
Samples containing E.Coli	...	...	...	...	211

Treated and Distributed Water:

Total samples examined	...	...	...	...	3,170
Samples containing presumptive coliforms	...	...	...	...	53
Samples containing E.Coli	...	...	...	...	9

Chemical examination

Results of analyses of water from the Corporation's three sources of supply are given in the Appendix.

Plumbago-solvency

Low Level:

No evidence to indicate undue plumbago-solvency. Lime is added to the filtered water to counteract any plumbago-solvent tendency.

Intermediate Level:

No evidence to indicate undue plumbago-solvency. Lime is added to the filtered water to counteract any plumbago-solvent tendency.

High Level:

Thornton Moor Distribution System

No evidence to indicate undue plumbago-solvency. Lime is added to the filtered water to counteract any plumbago-solvent tendency.

Thornton Pressure Distribution System

No evidence to indicate undue plumbo-solvency. Lime is added to the filtered water to counteract any plumbo-solvent tendency.

Brayshaw Reservoir Distribution System

No evidence to indicate undue plumbo-solvency. Lime is added to the final water prior to distribution to counteract any plumbo-solvent tendency.

Horton Bank Distribution System

No evidence to indicate undue plumbo-solvency. A scheme to filter this supply and to improve the disinfection has been implemented, and it is intended shortly to commence the addition of lime to counteract any plumbo-solvent tendency."

Rodent Control

Surface Treatment

During the year, 1,480 rat and 2,209 mice infestations were dealt with.

Of 3,689 infested properties 3,619 were notified by the occupier and 70 were discovered by inspection of premises. 'Warfarin', 'Alphakil', zinc phosphide and arsenious oxide were used to eradicate the rats and mice.

Sewer Treatment

During the year 3,530 manholes were poisoned.

Food and Drugs

Food Hygiene

During the year 5,198 inspections of premises were made and 4,138 contraventions noted. As a result of these, 438 warning letters were sent and 1,032 verbal cautions issued.

The letters which have been sent have again been of an advisory rather than a threatening nature, but in six cases it was considered that conditions warranted the institution of proceedings. Particulars of these are recorded in a table in the Appendix.

Inspections of stalls and delivery vehicles carried out totalled 136. One hundred and forty-six contraventions were noted, 21 warning letters were sent and 20 cautions issued.

Statistical details of work carried out under the Regulations are contained in the Appendix.

The institution of legal proceedings is a matter to which detailed consideration is given in each individual case. The approach of the public health inspector is to secure observance of legal requirements rather than to seek to take punitive action. Consideration must, however, be given to the extent of neglect or flagrant disregard of reasonable behaviour and also to the desirability of publicity associated with a prosecution as a reminder to traders in general of the need to maintain good standards of hygiene. Particular concern is also felt when there is found a general failure to keep things clean. There is a tendency in the food preparation trade for the main object of the business to become particularly demanding and fatiguing, and cleanliness may be neglected and fall below the standards which the public would expect.

Closely associated with the food hygiene legislation are the complaints dealt with relating to the presence of extraneous material in food and also the deterioration of food fitness by the development of mould and evidence of decomposition. The development of the pre-packaging of food has made it essential to have a proper system of stock rotation and many complaints arise from failures in this respect.

Emphasis should also be given to the temperature control of stored foods, particularly in catering establishments, and other techniques designed to prevent food poisoning arising.

Four confirmed outbreaks of food poisoning were investigated by public health inspectors during the year and in each case faults in food handling techniques were ascertained.

One outbreak was attributed to roast pork infected with *Salmonella agona*, and cross-infection at the shop was considered to have occurred.

Two outbreaks of *Clostridium welchii* were found to be due to the unsatisfactory storage of meat after cooking.

The fourth outbreak was due to tongue infected by *Staph. aureus* and again the storage of the tongue after preparation was unsatisfactory and the infected food handler was traced.

In addition a total of 82 *Salmonella* infections of varying types were investigated and these were generally attributed to infection in meat as evidenced by the results of routine swabbing of meat at manufacturing premises, retail shops and the abattoir. This work is carried out at the retail shops as some meat comes from slaughterhouses outside the City.

The work in the Division still brings contact with a wide range of immigrants, and premises occupied by the Pakistani immigrants represent the major portion. We have dealt with 185 food businesses operated by them in the City, including 26 wholesale premises, one canning factory, 110 grocery and mixed shops, 12 butchers' shops, 16 cafes (some with clubs), eight private clubs, and various other trades, including sweet manufacture, confectionery and chicken slaughter.

We also have a varied selection of businesses to deal with operated by immigrants from other countries, particularly restaurants operated by the Chinese and Cypriots, shops and cafes by West Indians, shops, clubs and manufacturing premises operated by Continental immigrants, and Hungarians seem to have a particular interest in the 'hot dog' stalls.

Milk Supply

Although over 90 per cent of the milk supplied retail to the consumer consists of processed milk there is still an appreciable quantity of untreated farm-bottled milk sold in the City. The drinking of untreated milk must carry with it the risk of infection, principally with the *Brucella abortus* organism, which causes undulant fever in humans. There are approximately 70 farms producing milk within the city boundary and, in addition, a large quantity of milk comes from the surrounding country areas to the processing dairies and also from retailers outside the City.

Regular testing of the supplies has been carried out during the year for chemical analysis, bacterial cleanliness and the presence of infection. Specific examinations have been carried out for the measurement of radio-activity and the presence of antibiotics. Cleanliness checks on the major supplies of fresh cream sold in the City have been continued.

Brucella Infection in Milk

Attention was again particularly directed to the eradication of Brucella infection from milk. Routine samples were obtained from the bulk milk of herds, and were screened by the Brucella Ring Test. When results were positive, samples were obtained from each cow in the herd and those giving positive Ring Tests were further examined by culture examination.

A total of 512 herd samples was examined and 57 of these gave a positive result to the Ring Test. Forty-three herd samples gave positive results on culture examination. The number of individual cow samples examined from Bradford farms was 1,029. One hundred and ninety-three gave a positive result to the Ring Test and 85 of these were reported positive on culture examination.

Thirty-three notices were served on Bradford farmers requiring the heat treatment of the milk from individual cows under the provisions of the Milk and Dairies (General) Regulations, 1959. Notifications were sent to neighbouring authorities in nine cases in respect of infected milk coming into the City.

It was noted that untreated milk was still on sale at seven vending machines and seven milk dispensers in catering establishments. Samples from these contained Brucella infection on one occasion.

Milk and Dairies (General) Regulations, 1959

Under these Regulations, registers are required to be kept by the Authority acting as Local Authority and at the end of the year there were 913 persons registered for the sale of milk within the City. These may be classified as follows:—

Dairymen	...	...	...	...	...	...	202
Shops where milk sold in sealed bottles only						...	711

Automatic milk vending machines in factories and public places numbered 12 and milk dispensers in catering premises 58.

Milk (Special Designation) Regulations, 1963 (as amended)

All dealers' licences are issued by the Food and Drugs Authority for the area in which the premises at or from which the milk is sold are situated.

The following is a summary of the types of licences in operation:—

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised"	1
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised"	2
Dealer's (Untreated) Licence authorising the use of the special designation "Untreated"	1

Dealer's (Pre-packed Milk) Licence authorising the use of the special designations:—

(a) "Untreated" ...	...	...	...	...	...	129
(b) "Pasteurised" ...	...	...	...	...	...	340
(c) "Sterilised" ...	...	...	...	...	...	820
(d) "Ultra Heat Treated" ...	...	...	...	...	...	208

Milk Processing

During the year there were three dairies engaged in the heat treatment of milk; one by pasteurisation and two by sterilisation.

Chemical Examination of Milk

Five hundred and eighty-two samples were submitted for chemical analysis, of which two gave an analysis under 3.0 per cent of fat while 15 gave an analysis under 8.5 per cent of non-fatty solids. In most cases the adulterations were small and warnings issued.

A table giving comparative figures for the milks examined during the period 1948 to the present year will be found in the Appendix.

Proceedings were instituted under Section 32 of the Food and Drugs Act, 1955 against the producer of milk supplied in churns to a wholesale dairy.

Three informations were laid relating to the presence of added water in the milk and the penalty imposed was a fine of £35 with costs of £1.

Examination of Untreated Milk

Samples of untreated milk were taken regularly during the year for bacteriological examination. In the case of unsatisfactory samples of farm milk, examination reports were notified to the Ministry of Agriculture, Fisheries and Food with a view to improving the cleanliness of the milk at the farm.

Where an unsatisfactory sample was obtained from a milk distributor, investigation was made into his methods of milk handling, etc., and appropriate warning was given.

Samples Taken	Methylene Blue Reductase Test		
	Pass	Fail	Void
526	449	44	33

Examination of Heat-treated Milk

The samples taken of heat-treated milk processed both in and outside Bradford were reasonably satisfactory, as shown in the following table:—

Number of Samples	Phosphatase Test			Methylene Blue Reductase Test			Turbidity Test	
	Pass	Fail	—	Pass	Fail	Void	Pass	Fail
Pasteurised	195	195	—	183	8	4	—	—
Sterilised	26	—	—	—	—	—	26	—

In cases of test failures investigations were made and appropriate advice and warning given.

Radio-activity in Milk

Samples were examined throughout the year for radioactivity and the following are the monthly averages:—

Total radioactivity	Jan.	6.1	Apr.	6.2	July	6.0	Oct.	6.0
calculated as strontium								
90 (including Iodine 131)	Feb.	6.0	May	6.0	Aug.	5.9	Nov.	6.1
and expressed as micro								
micro-curies per gram of	Mar	6.1	June	5.9	Sept.	6.1	Dec.	6.0
calcium								

The present levels are far below any danger level and form only a tiny proportion of the natural background radiation to which we are all subjected daily. With the reduction in latter years of the testing of atomic weapons throughout the world, the health hazard from this source can now be regarded as negligible in this area.

Antibiotics in Milk

Antibiotics may be present in the milk of a cow which is receiving treatment and their presence constitutes a health hazard to the consumer.

Antibiotics were found in six samples.

Ice Cream

Visits were made to ensure that ice-cream premises and plant complied with the requirements of the Food Hygiene (General) Regulations, 1970, and the Ice Cream (Heat Treatment, Etc.) Regulations, 1959. The number of premises registered in respect of ice cream sales was 1,319.

Inspections were also carried out under the provisions of the Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations, 1966 of ice cream vehicles retailing in the City.

Bacteriological Examination

Fifty-two samples were submitted for examination during the year and were graded as follows:—

Provisional Grade	...	...	...	No. of Samples
Grade I	...	...	...	16
Grade II	...	...	...	16
Grade III	...	...	...	14
Grade IV	...	...	...	6
				52

If ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

Bacteriological Examination of Food

Examinations were made of 2,371 foods and 382 swabs of equipment. Isolations of pathogens were as follows:—

Salmonella	...	...	...	32
Cl. welchii	...	...	...	3
Staph. aureus	...	...	...	6
Mixed organisms	...	...	...	1

The types of salmonella isolated included S. agona, S. brcendency, S. indiana, S. saint paul, S. anatum, S. livingstone, S. dublin and S. infantis.

All the above samples were obtained at retail food premises and do not include samples taken at the abattoir which are reported in the meat inspection section of the report.

During the year a programme of inspections of public houses was commenced. Drinking glasses were swabbed on each visit as routine. Where the Public Health Laboratory Service reported unsatisfactory counts letters were sent to the persons concerned reminding them of the need to give attention to the washing and sterilisation of glasses. Of 81 swabs taken, 27 were considered to be unsatisfactory.

Food Complaints

Complaints relating to the sale of food in an unsatisfactory condition were again numerous, over 200 investigations being made by the Food and Drugs Inspectors. It is, of course, often found that people making complaints are unwilling to appear in court to assist in legal proceedings and consequently action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint. In the case of outside manufacturers, the matter is taken up by correspondence and also, when appropriate, by advice to the Public Health Department of the area concerned. Strong warning letters were sent to the manufacturers in some cases.

Legal proceedings in respect of offences against Section 2 or Section 8 of the Food and Drugs Act, 1955 were instituted in 30 cases, particulars of which will be found in the Appendix.

Food Condemnation

Supplies of fish, poultry, fruit and vegetables were regularly inspected throughout the year in the markets, poultry slaughterhouses, wholesale warehouses and retail shops. Special visits were made to food premises for the inspection and condemnation of foods and checks have been made on the supplies of food by contractors to Corporation establishments, both by inspection and analysis.

Particulars of the food condemned (other than carcase meat) will be found in the Appendix.

Poultry Inspection

The routine inspection of poultry at retail shops has continued during 1972. Difficulty is still being experienced with the slaughter of poultry in shops by Muslim members of the immigrant population. Here birds are slaughtered at irregular intervals at the request of customers. There are 17 such premises within the City and although these have not been included in the following table of poultry processing establishments, checks are made regularly to see if slaughter is taking place, to check on the hygiene of the

premises and to examine the birds. There were three poultry processing establishments operating in the City, one of which ceased production during the year. Inspection of birds has been carried out at these premises in accordance with Circular 22/61.

The figures requested for poultry processing establishments are as follows:

(1) Number of poultry processing premises	3
(2) Number of visits	468
(3) Total number of birds processed ...	581,783
(4) Types of bird processed	cocks, hens, broilers, capons
(5) Percentage of birds rejected as unfit for human consumption ...	1.1
(6) Weight of poultry condemned ...	20,117 lbs.

Attention has been given to the humane treatment of poultry under the Slaughter of Poultry (Humane Conditions) Regulations, 1971. These require the observance of humane conditions relating to the keeping and slaughter of poultry, the provision of adequate lighting and ventilation, and specified time-intervals for the suspension, slaughter and scalding of birds. Although a number of verbal cautions were given it was not found necessary to institute legal proceedings in any instance.

Imported Food Regulations, 1968

The number of sealed containers of food imported into the country and allowed to pass through the port of entry unexamined has continued to grow. During 1972 some 90 containers of unexamined food (other than meat) were received in the City. The Regulations require the inland authority to inspect the food when opened at the place of delivery. A satisfactory system of notification by the Port Health Authorities concerned has been maintained, but on occasions difficulties have been encountered because of the varying periods of time taken for the container to arrive at its destination after release by the Port Health Authority.

Previous trouble with insect infestation has largely been eliminated by fumigation at the port of entry, but heavily infested consignments of food have presented a problem because of the large number of dead insects and larvae present. It has been found necessary to release food on the undertaking that it will be subjected to a cleaning process prior to sale. One large importer has installed special cleaning equipment for this purpose.

The following table shows the quantity and nature of the various foods received and examined:—

Bacon	30,000 lbs.
Rice	10,453 bags
Onions	2,634 bags
Fruit juice	200 barrels
Fruit juice	12,120 cartons
Copra	100 sacks
Lemons	500 cartons
Canned vegetables	2,886 cartons
Canned tomatoes	5,229 cartons
Canned fruits	5,890 cartons
Canned tomato juice	2,100 cartons
Tomatoes	1,328 cartons

Soya sauce	700 cartons
Egg noodles	1,000 cartons
Sauces	1,010 cartons
Betel nuts	698 sacks
Pimentoes	900 sacks
Paprika	300 bags
Cloves	20 bags
Peppers	300 bags
Peas	783 bags
Soya protein	2,875 bags

Food and Drugs Sampling

The number of samples of food and drugs taken under the Act and submitted by the Sampling Officers for analysis was 1,164. Of these, 1,053 were reported genuine. In the majority of cases the adulterations were small and the vendors were cautioned. Legal proceedings were instituted in three cases, one in respect of potted beef paste deficient in meat content, one in respect of pork sausage deficient in meat content and also for failure to declare the presence of added preservative, and one in respect of milk containing added water. The penalties imposed were fines of £20, £5, £10, and £35 with costs of £1.

Particulars of the proceedings and the number of samples procured and examined during 1972 will be found in the Appendix.

Pharmacy and Poisons Act, 1933

The Act places duties on this Authority for the control of certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitro-benzine, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The register is kept by the Town Clerk's Department and the supervision at premises is carried out by the Food and Drugs Inspectors. The number of premises recorded was 140.

Meat Inspection

The total number of animals slaughtered in the Bradford area during 1972 was 139,061, a slight increase on the total for 1971. The numbers of cattle, sheep and calves were all below last year's figure, but there was an increase of 6,000 in the number of pigs slaughtered.

The abattoir functioned efficiently during the year and several long standing projects were completed, or partly completed. The additional hanging room, approved some five years ago, has still not been installed. The redecoration of the cooling room ceiling has not been completed, and repairs to the by-products room are still outstanding.

One hundred per cent ante-mortem and post-mortem inspection was carried out on all animals slaughtered in the public abattoir, and one hundred per cent post-mortem inspection was carried out on all animals

slaughtered in the private slaughterhouses during the year. The total weight of meat and offal condemned was 250,111 lbs., and the total number of carcases found to be unfit for human consumption was 205.

Laboratory

The abattoir laboratory was extensively used during 1972, and the bacteriological control coli plate counts were continued until supplies of tube agar were no longer available. Eighteen hundred plates were examined, the specimens coming from meat immediately after slaughter, meat hanging in the cooling room, and from equipment and fixtures in the abattoir and the wholesale meat market. Attempts to obtain another source of supply of tube MacConkey agar have so far failed. In addition to plate counts, microscopic examination of parasites and disease tissue were carried out daily. Blood smears for Brucellosis and anthrax were carried out on all suspect animals.

Private Slaughterhouses

There are two licensed private slaughterhouses in Bradford, and the total kill during 1972 was 333 cattle, 1,070 sheep and 276 pigs. The number of visits of inspection made to these slaughterhouses during the year was 116.

Meat Complaints

A total of 63 complaints regarding quality and description of meat were investigated by the Meat Inspectors, and appropriate action was taken where necessary. Many of these complaints involved school kitchens, and a close check was kept on all contract suppliers during the year.

Imported Food Regulations, 1968

Sixty-eight containers consigned to Bradford public abattoir were examined during the year. The country of origin of most containers is Eire.

Diseases of Animals Act, 1951

Brucellosis

The Eradication Scheme is now gaining momentum in the area, and a total of 377 cattle were slaughtered in the public abattoir for the Ministry of Agriculture, Fisheries and Food. In all cases blood smears from the uterus and/or the cotyledon were made and examined in the abattoir laboratory. In addition 43 specimens were the subject of laboratory examination from suspected cows which were not classified as Brucellosis reactors. The carcases of these animals were found to be fit for human consumption, but the genitals and udders were condemned.

Tuberculosis

The number of animals reacting to the Tuberculin Test and slaughtered in Bradford abattoir decreases each year, and dropped to only three in 1972. Localised lesions of tuberculosis were found in all three animals. In addition, localised tuberculosis was found in a further four animals. The Ministry of Agriculture, Fisheries and Food were notified in all cases.

A table in the Appendix shows the number of animals inspected and found to be affected with tuberculosis. The percentage of cattle infected remains the same as 1971 at 0.03. The percentage of pigs affected was reduced to 0.02.

Anthrax

There were seven notifications of suspected anthrax on farms in the area during 1972 which, on examination, proved to be negative.

Foot and Mouth Disease

There were no cases of suspected foot and mouth disease in the area, but several cases of excessive salivation were examined.

Swine Vesicular Disease

This disease, new to Britain, made its appearance during late 1972. In appearance it is closely akin to foot and mouth disease, but fortunately it affects only pigs. Although several thousands of pigs have been slaughtered in the country, Bradford and Yorkshire were not affected during the year. All controls on the feeding of pigs and the movement of pigs were rigidly enforced in the area.

Fowl Pest and Mareks Disease

There was only one case of Mareks disease in Bradford in the early part of 1972. The carcases of affected birds were destroyed by burning, and the premises disinfected.

Swine Fever

There were no suspected cases reported during 1972. Movement of swine was controlled, and a total of 526 visits to farms and piggeries were made to check records and examine the pigs ante-mortem.

Cysticercus Bovis

The number of cattle affected with *Cysticercus Bovis* was 74, none of which was generalised. All had cysts localised to the cardiac or masseter muscles. The carcases were treated in cold store after the affected part had been removed.

Salmonella Investigation

During 1972, 1,400 specimens were taken from pigs in order to investigate the incidence of salmonellosis. Swabs were taken from the rectum of live pigs and, after slaughter, swabs were taken from the pelvic cavity and loin. Further swabs were taken when the carcase meat was cut on the meat market after cooling and setting up. All these swabs were examined at the Public Health Laboratory of the Medical Research Council. Fifty-seven specimens were positive, of which 53 were rectal swabs, two pelvic swabs and two were from cut pork. This investigation continues into 1973.

HEALTH EDUCATION AND TRAINING

The work-load of the Health Education Section of the Department continues to increase—more sophisticated equipment has been purchased, more ambitious schemes have been undertaken, and an increased demand for pamphlets, posters, etc. has been met.

In mid-year a Health Education Technician was appointed to assist the Health Education Officer. This man, a trained graphic designer in industry, brought to the Section considerable expertise in poster design, display and exhibition work, etc. The Section is now able to produce its own posters and display cards—effecting a saving of both time and cost.

It was suggested in the Report for 1971 that as the community as a whole became more prosperous and better educated, people would need less help to conduct their lives healthily—that unfortunately this was not so, as new hazards came with increasing sophistication and old hazards were either ignored or forgotten.

The function of Health Education is to help people to lead healthy lives by making them aware of the hazards to health. Often this means the teaching of matters about which the persons approached are completely unaware. Nevertheless the public *is* more conscious of personal and community health, and it is probable that television has played a big part in the changing attitude.

There has been a marked increase in the demand for literature from school-children—more and more teachers are suggesting “health matters” as studies or projects. Lecturers in teacher-training colleges also appear to be more health education conscious—students are urged to study drug addiction, sexually transmitted diseases, infectious diseases, etc. and no doubt these subjects will play a part in the syllabuses of the teachers when they qualify.

Health Education in Schools

Teachers, health visitors, school nurses and the staff of the Health Education Section have been increasingly involved in this field of education.

The present education system provides opportunities for children of all abilities to develop a variety of aptitudes. It is essential, therefore, that children should be encouraged to attain the highest possible level of positive health to enable them to take advantage of these opportunities. To this end, programmes of health education are carried out in many schools as part of the curriculum.

Much more general health education is being undertaken by the teachers themselves, with the Section supplying the audio-visual aids.

During 1972 the Health Education Officer gave 96 lectures in schools (148 school hours) on specific topics.

Audio-visual aids used:		No. of times used
Films (16 mm sound)—property of the section, or hired	...	247
Film strips and slides	...	363
Overhead projectors	...	35

Many other audio-visual aids were supplied for use in schools.

Special Projects

In March a City Safety Campaign was organised. Many members of the Health Department staff were involved in this campaign, which was in three parts:

- 1) A two week static exhibition in the Wool Exchange on the following subjects—Home Safety (Health Department), Fire Prevention (City Fire Brigade), Crime Prevention, Anti-vandalism (City Police), Occupational Safety (G.P.O. Road Works Unit), Drinking Water Safety (Bradford Corporation Water Department) and Gas Safety (N.E.G.B.). The exhibition was opened by the Lord Mayor. Many adults visited the exhibition during the two weeks. School parties accompanied by teachers were very interested in the display put on by R.O.S.P.A. ("Carousel" tape slide presentation). All health centres had poster displays depicting Home and Road Safety.
- 2) Whilst the static exhibition was being held a mobile exhibition was touring the City. This included the City Police Road Safety Caravan, a fire escape ladder (from the City Fire Brigade) and the mobile Health Education closed circuit television van dealing with the subject of food hygiene. These units toured the City, visiting many schools and other sites. During the two weeks, 2,500 persons visited the food hygiene van and many more children and adults saw the very entertaining and informative road safety programme. The fire engine was inevitably a major attraction for children. The units were staffed by the Police, the Fire Service, members of the Health visiting staff and members of the Public Health Inspectorate.
- 3) During the same two weeks, a "Drug Collection" was organised. Such a collection was first carried out in Bradford in 1970, when a vast quantity of potentially dangerous pharmaceutical and other clinical agents was collected and destroyed (2 cwts).

Comparable results were achieved in 1972, and the total weight collected was 19½ cwts.

The drug collection involved all the registered pharmacists in Bradford, who acted as collecting agents. The Police Drug Squad collected the drugs, and arranged for their safe storage. The drugs were counted and classified before destruction in an incinerator.

Parentcraft

Organised by the Municipal Midwifery Service, there are 16 parentcraft sessions held each week. Midwives, health visitors and physiotherapists take part.

Psychoprophylaxis sessions were held as demand required, and six such sessions were held during the year.

On eight occasions "parents' evenings" were held, when films on 'Family Planning' and 'Birth' were shown, followed by discussion.

Talks were given to a number of groups on a wide variety of subjects.

General Health Education

More and more members of the Health Department staff are becoming involved in Health Education. The increase is due to (i) the need to meet

the increased demand, and (ii) an increasing awareness of the staff of the vital role of Health Education in modern life.

As primary prevention is an important aspect of the health visitor's work, and as health education is the most valid method of achieving primary prevention, all staff are encouraged to become involved in a variety of specific health education programmes, as distinct from day-to-day health education given by health visitors routinely on domiciliary visits.

During the year, 36 health visitors undertook some form of group health education; 20 held regular sessions in schools, and 16 held sessions outside normal working hours.

The Health Education Officer gave 15 evening lectures to various groups on a variety of subjects.

During the year, a small health education programme was carried out by the Chiropody Section. The Chief Chiropodist gave lectures to various organisations on Foot Health, and gave informal talks to expectant mothers at two clinics on "footwear suitable during pregnancy". Two schools were visited for foot inspections and pamphlets were distributed on the prevention of verrucae. A leaflet on "Feet Grown Old" has been distributed to elderly patients, and one to diabetic patients (through the Diabetic Society) on "Care of the Feet in Diabetics". It is anticipated that education on foot health etc., will be increased in the future, depending upon availability of staff in the light of other commitments.

Many health education lectures, talks, etc. are given by various members of staff outside normal office hours. It is pleasing that more staff are prepared to give up their leisure time to these activities, but more pleasing that an increasing number of bodies and organisations are making requests for such lectures.

Training

Health Visitor Training School

In the year 1971/72, 14 students were enrolled. Eleven completed the course of academic study and fieldwork experience in September, and received the Health Visiting Certificate of the Health Visitor Training Council.

No candidates are accepted for training who do not possess at least five 'O' levels as well as their S.R.N. certificate and a qualification in midwifery. They have to pass a further preliminary test set by the School and be approved by an interviewing board. The Board's members represent the Department and the University. The sponsoring local health authority to which the student has applied for a bursary is also represented at the Interviewing Board.

The successful students of the 1971/72 school have returned to their sponsoring authorities and have either gone straight into general practice as attached health visitors or have received their full family case load allocated on a geographical basis. They are then expected to liaise on behalf of their families with the general practitioners concerned.

There is no doubt that the time spent with general practitioners during their training period has proved worthwhile. The way has thus been paved for understanding and acceptance between them, and has prepared both for the concept of H.V. and G.P. working together for the good of the family.

In-service Training—Health Visitor/School Nurses

During the last twelve months, five health visitors have attended refresher courses of two weeks duration. Eight members of staff have attended conferences of one days or two days duration, on various subjects, including "Cancer", "Sexually Communicated Diseases", and "The Adolescent Un-married Mother and Her Family". Four centre superintendents attended management courses at either Keighley or Huddersfield Polytechnics. Three health visitors were accepted by Leeds Polytechnic for the Diploma of Nursing Course, which commenced in September 1972.

In-service Training within the Department

The following in-service training sessions were arranged within the Department:

1. The Care and After-Care of the Psychiatric Patient.	Dr. H. B. Milne, Consultant Psychiatrist. Two courses of five sessions at weekly intervals.
2. Laproscopic Diathermy.	Gynaecological Department, St. Luke's Hospital.
3. The Changing Role of the Public Health Nurse.	A Three Day Refresher Course for Public Health Nurses (S.E.N.'s).
4. Drug Abuse and the School Child.	Dr. G. M. Priestman, Deputy Medical Officer of Health.
5. Day Conference—Child Abuse.	Chairman: Dr. W. Turner, Medical Officer of Health Dr. M. W. Arthurton, Consultant Paediatrician Dr. H. B. Milne, Consultant Psychiatrist, Dr. J. N. Towler, Senior Medical Officer, Child Health.
6. The Future Development of G.P./H.V. Attachment Schemes.	Half Day Seminar.
7. Family Planning.	Dr. K. M. Lumb, Senior Medical Officer, M. & C.W. Mrs. C. Pettinger, Senior Family Planning Nurse

This is considered to be a most important aspect of training, as its aim is to satisfy the particular needs of our own staff in relation to service requirements.

The following observation visit was made:

Semon Convalescent Home, Ilkley. Health Visitors and Public Health Nurses.

School Nurses

Two public health nurses attended residential courses on audiometry, and three have undertaken practical training in the Department, prior to attending a course.

In-service Training—District Nurses

a) State Registered Nurses

Two courses of training for the National District Nurse Certificate were held during the year. The number of students who attended was 28 (including 15 from other authorities). All were successful, with the exception of three candidates who were unable to take the examination due to illness.

b) General Nursing Council Syllabus, 1969

Arrangements made in 1971 for student nurses to study Community Care have proved successful, and 32 student nurses each spent eight days with one of the practical work instructors. Thirty were from the Bradford School of Nursing, one from St. George's Hospital, London, and one from Manchester Royal Infirmary.

c) Observation visits were arranged for 15 pupil nurses and 30 student nurses. Visits were also arranged for two mature students, both holding senior nursing positions in their own countries, through agreements made by the World Health Organisation and the Council of Europe.

d) A two-day in-service course was held for the bathing attendants. This was much appreciated by the attendants—they acquired more specific knowledge of district nursing as a whole, and the importance of their part in a team activity was thereby emphasized.

e) "Exchange Visits" between the ward sisters/charge nurses at the Bradford Royal Infirmary have been made. These made for a greater understanding of each other's role in patient care, and an appreciation of "the other's" problems, and assessment of patient needs, will aid integration of the nursing services when the National Health Service is re-organised.

f) The Superintendent District Nurse attended a middle management course at Huddersfield Polytechnic. Five members of the staff attended first line management courses.

g) In-service lectures and study days have been attended by the majority of the staff during the year.

1. The treatment of varicose ulcers. (Dr. Allan—Rank Teaching Unit).
2. Future Developments in the National Health Service.
3. Present Day Trends in the Treatment of Kidney Diseases.
4. General Study Day for S.E.N.'s.

h) Senior members of the staff have given 10 lectures to a wide variety of organisations within the City on subjects related to their field of work.

In-service Training—Midwives

All midwives attended in-service sessions during the year on the following subjects:

Parentcraft teaching

Psychoprophylaxis training.

The midwife's responsibility and duties to pupil in training.

Recent legislation and proposed changes in Local Government Nursing Services and National Health Service Re-organisation.

Five staff meetings were held when innovations were discussed and information was given on current relevant activities throughout the Department.

Midwives were once again invited to Grantley Hall (W.R.C.C.), and four attended. (Seventeen midwives attended the R.C.O.G. (Yorkshire Faculty) Annual Conference.

Fifteen midwives attended Statutory Refresher Courses.

An Assistant Supervisor of Midwives attended a Management Course for Community Nurses at Huddersfield Polytechnic.

Midwifery Training School

Thirty-two midwives are approved district teachers and help in the training of pupil midwives who are accepted from six midwifery training schools for three months community care training as part of traditional or "integrated" midwifery training.

It is anticipated that the Bradford Midwifery Training Schools will commence "single period" midwifery training in May, 1974.

Pupil midwives in training, 1st January, 1972	...	21
Pupil midwives in training during the year	...	99
In training, 31st December, 1972	...	32

Obstetric Nurse Training

Student nurses who have had community care experience during the year 43

Community Care Nurses

During the year, to gain experience of field work, 32 students each spent one day with a domiciliary midwife, as part of their six-week community care course.

In-service Training—Chiropodists

During September the Chief Chiropodist attended a course on "Management in the Integrated Service" at St. Edmund's College, Oxford, and obtained the Diploma in Management. During the course a visit was made to the Oxford Regional Hospital, and much useful information was gained (in preparation for 1974) on hospital chiropody and community chiropody requirements. The role of the 'Chiropodist as a Manager' and 'The Relevance of Management' were studied.

One of the senior chiropodists is attending an H.N.C. course at the Bradford Technical College.

Another member of the Chiropody staff has successfully completed a course on local analgesia at the Salford School of Chiropody, and it is hoped that more of the full-time staff will attend similar courses at a later date.

Appendix

Table 1 *Vital Statistics, 1970, 1971 and 1972 (calculated from numbers supplied by the General Register Office)*

			1970	1971	1972
Estimated population	...	...	291,960	294,740	294,370
Comparability factors—births	...	...	1.04	1.04	1.06
—deaths	...	...	0.97	0.97	1.00
Births (total live and still)	...	...	5,795	5,655	5,143
Births—live	...	...	5,720	5,599	5,058
—still	...	...	75	56	85
Illegitimate live births as a percentage of all live births			12.3	13.0	12.0
Crude live birth rate per 1,000 population	...	...	19.6	19.0	17.2
Live birth rate as adjusted by factor	...	...	20.4	19.8	18.2
Deaths	...	...	3,902	3,853	4,040
Crude death rate per 1,000 population	...	...	13.4	13.1	13.7
Death rate as adjusted by factor	...	...	13.0	12.7	13.7
Infant deaths	...	...	137	144	140
Infantile mortality rate per 1,000 live births	...	...	24	26	28
Infantile mortality rate per 1,000 legitimate live births	...		23	25	27
Infantile mortality rate per 1,000 illegitimate live births	...		33	29	35
Neo-natal mortality rate per 1,000 live births	...	...	14	15	19
Early neo-natal mortality rate per 1,000 live births	...		12	13	16
Stillbirth rate per 1,000 total births	...	...	13	10	17
Peri-natal mortality rate per 1,000 total births	...	...	25	22	33

According to Departmental records (1972):

970 live births }
18 stillbirths } were transferred out

88 live births were transferred in

741 deaths were transferred out

287 deaths were transferred in

Table 2 *Populations, Corrected Birth and Death Rates, and Infant Mortality Rates, 1923—1972*

Year	Population	Corrected Birth Rate	Corrected Death Rate	Infant Mortality Rate
1923	290,800	18.2	13.8	78
1924	290,200	16.9	14.9	92
1925	290,200	16.6	13.9	95
1926	288,700	16.3	13.6	92
1927	293,200	14.7	14.6	92
1928	288,500	15.3	13.6	69
1929	289,200	15.0	15.7	80
1930	293,254	14.9	13.5	75
1931	300,900	13.6	14.2	71
1932	296,300	13.6	13.9	75
1933	295,100	13.2	14.7	79
1934	293,650	13.7	13.4	62
1935	292,200	13.4	14.3	64
1936	290,500	13.4	14.9	82
1937	289,510	13.9	14.6	69
1938	288,700	13.5	13.8	58
1939	287,500	12.4	14.9	61
1940	271,700	12.8	15.9	68
1941	270,310	12.4	14.8	68
1942	Civil	264,800	13.9	50
1943	Population	260,300	14.5	58
1944		261,890	16.2	53
1945	...	262,660	15.8	65
1946	...	279,040	19.4	49
1947	...	284,900	22.2	59
1948	...	288,500	18.8	43
1949	...	291,600	17.3	38
1950	...	294,300	16.7	38
1951	...	289,800	16.4	43
1952	...	288,000	15.9	33
1953	...	286,600	15.9	37
1954	...	286,500	16.4	31
1955	...	286,400	16.2	28
1956	...	286,400	16.8	28
1957	...	287,000	17.3	28
1958	...	287,800	17.7	30
1959	...	289,100	17.6	29
1960	...	289,860	18.7	28
1961	...	294,210	18.8	26
1962	...	296,220	19.6	26
1963	...	297,040	20.2	26
1964	...	298,220	20.2	27
1965	...	298,090	19.8	25
1966	...	297,100	19.1	29
1967	...	296,860	19.8	28
1968	...	294,440	19.7	28
1969	...	293,210	20.3	29
1970	...	291,960	20.4	24
1971	...	294,740	19.8	26
1972	...	294,370	18.2	28

Table 3 Deaths of Babies Born at Home or in the General Practitioner Unit in 1972, and Dying in the First Week of Life.

No.	Month	Social Class	Age of Mother	Preg. No.	Weight of Baby lbs. — ozs.	Age of Baby	Cause of death on certificate
Born at home and dying in hospital							
1	March	?	17	2	3 — 14	2 days	1a Prematurity b Respiratory distress
2	May	4	22	2	not weighed	Less than 1 day	1a Intra-natal anoxia b Breach delivery
3	October	2	21	3	3 — 11	Less than 1 day	1a Respiratory distress syndrome b Prematurity 11 Hypothermia
4	October	4	20	1	2 — 7	3 days	1a Pulmonary haemorrhage b Respiratory distress c Prematurity
5	November	?	18	1	3 — 13	3 days	1a Respiratory distress syndrome 11 Prematurity
6	November	2	26	2	3 — 3	Less than 1 day	1a Prematurity
7	December	4	16	1	6 — 0	1 day	1a Cerebral haemorrhage b Precipitate delivery 11 Prematurity and Atelectasis
Born at General Practitioner Unit and dying in hospital							
8	February	4	21	1	4 — 11	1 day	1a Pulmonary Atelectasis b Respiratory distress syndrome c Prematurity

Table 4 *Domiciliary, General Practitioner Unit and Transferred-in Stillbirths occurring in 1972*

Number	Month	Social Class	Age Group of Mother	Pregnancy Number	Weight of Baby	Sex
Domiciliary						
1	May	3	25—29	3	6lb. 4oz.	F
2	May	5	25—29	2	4lb. 4oz.	F
3	July	5	Under 20	1	4lb. 0oz.	M
4	November	5	20—24	1	3lb. 0oz.	F
General Practitioner Unit—Nil						
Transfers In						
5	August	?	Under 20	1	3lb. 0oz.	F

Table 5 *Neonatal Deaths in Premature Live Births, with Details of Premature Stillbirths, 1972*

Birth Weight Group	Prem. Still-births	% each Weight Group	Prem. Live Births	% each Weight Group	DIED			Total Deaths
					Within 24 hrs. of birth	In 1 and under 7 days	In 7 and under 28 days	
Up to and including 3 lbs. 4 ozs. (1,500 g)	33	56.9	47	9.5	30	5	2	37
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. (2,000 g)	14	24.1	84	17.0	11	5	2	18
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (2,250 g)	5	8.6	115	23.2	5	1	1	7
Over 4 lbs. 15 ozs. up to and including 5 lbs 8 ozs. (2,500 g)	6	10.4	249	50.3	4	3	2	9
Total	58	495	50	14	7			71

Table 6 *Premature Live and Stillbirths, 1959—1972*

Year	Premature births	Live births	Still-births	Stillbirths as a percentage of all Premature births	All Premature births as a percentage of total births
1959	475	405	70	14.7	9.1
1960	509	444	65	12.8	9.1
1961	530	440	90	17.0	9.3
1962	530	463	67	12.6	9.1
1963	532	477	55	10.3	9.1
1964	554	488	66	11.9	9.4
1965	566	517	49	8.7	9.8
1966	604	531	73	12.1	10.9
1967	561	499	62	11.5	9.8
1968	556	508	48	8.6	9.9
1969	588	552	36	6.1	10.1
1970	578	532	46	7.9	9.9
1971	565	526	39	7.4	10.0
1972	553	495	58	10.5	10.8

Table 7 Statistics relating to Illegitimate Births during 1972

Number of mothers	...	...	...	...	...	...	...	...	561
Number of babies	...	...	...	...	...	...	...	...	567
Gravida 1	...	...	...	...	...	...	...	...	279
Gravida 2	...	...	...	...	...	...	...	...	101
Gravida 3	...	...	...	...	...	...	...	...	62
Gravida 4	...	...	...	...	...	...	...	...	40
Gravida 5+	...	...	...	...	...	...	...	...	76
Gravida not known	...	...	...	...	...	...	...	...	3
Marital Status									
Married	...	...	...	...	...	...	...	...	1
Single	...	...	...	...	...	...	...	...	395
Widowed	...	...	...	...	...	...	...	...	7
Divorced	...	...	...	...	...	...	...	...	41
Separated	...	...	...	...	...	...	...	...	105
Not Known	...	...	...	...	...	...	...	...	12
Age Groups									
14 years	...	...	...	...	...	...	...	...	1
15 years	...	...	...	...	...	...	...	...	10
16 years	...	...	...	...	...	...	...	...	34
17 years	...	...	...	...	...	...	...	...	80
18 years	...	...	...	...	...	...	...	...	57
19 years	...	...	...	...	...	...	...	...	43
20 years	...	...	...	...	...	...	...	...	35
21—30 years	...	...	...	...	...	...	...	...	220
31—40 years	...	...	...	...	...	...	...	...	70
Over 40	...	...	...	...	...	...	...	...	8
Not Known	...	...	...	...	...	...	...	...	3
Fate of Illegitimate Babies									
Baby adopted	...	...	...	...	...	...	...	...	18
Baby fostered	...	...	...	...	...	...	...	...	34
Baby in residential care	...	...	...	...	...	...	...	...	—
Baby with mother	...	...	...	...	...	...	...	...	486
Baby with mother and her parents	...	...	...	...	...	...	...	...	160
Mother married subsequently	...	...	...	...	...	...	...	...	17
Mother co-habiting	...	...	...	...	...	...	...	...	247
Babies died	...	...	...	...	...	...	...	...	13
Babies stillborn	...	...	...	...	...	...	...	...	12
Nationality of Mother									
British	...	...	...	...	...	...	...	...	520
West Indian	...	...	...	...	...	...	...	...	19
Asian	...	...	...	...	...	...	...	...	3
Other	...	...	...	...	...	...	...	...	19

Table 8 Analysis of Infant Deaths, 1967-1972 (according to Departmental Records)

Cause of Death	Age at Death					Infections					Accidental Deaths					
	1967	1968	1969	1970	1971	1972	1967	1968	1969	1970	1971	1972	1967	1968	1969	1970
Congenital Malformations	6	13	13	11	25	12	Under 1 day	—	—	—	—	—	—	—	—	—
Chondroplasia	3	3	2	1	5	4	1-7 days	1	3	3	2	2	2	1	1	1
Prematurity	—	—	—	—	—	—	1-2 weeks	1	2	1	2	3	2	1	1	1
Cerebral palsy	—	—	—	—	—	—	2-3 weeks	3	2	2	3	2	2	4	4	4
Cerebral hemorrhage	—	—	—	—	—	—	3-4 weeks	2	3	2	2	2	6	2	2	2
Total under 1 month	9	17	15	13	30	17	Total under 1 month	7	10	8	7	12	8	—	—	8
1-3 months	—	—	—	—	—	1	1-3 months	33	20	32	22	27	10	—	—	10
4-6 months	—	—	—	—	—	—	4-6 months	10	16	13	9	14	12	—	—	12
7-9 months	—	—	—	—	—	—	7-9 months	11	4	6	6	5	3	—	—	3
10-12 months	—	—	—	—	—	—	10-12 months	2	4	3	4	2	1	—	—	1
Total under 1 year	9	17	15	13	30	18	Total under 1 year	63	54	62	48	60	34	—	—	34
% of total infant deaths	5.49	10.69	9.26	9.70	20.55	12.50	Rate per 1,000 live births	38.41	33.96	38.26	35.82	41.10	23.61	—	—	23.61
Rate per 1,000 live births	1.60	3.08	2.63	2.27	5.39	3.58	11.19	9.77	10.88	8.37	10.75	6.76	—	—	6.76	
Total under 1 month	6	3	8	6	1	6	Under 1 day	—	—	—	—	—	—	—	—	—
1-3 months	4	5	11	6	3	3	1-7 days	—	—	—	—	—	—	—	—	—
4-6 months	2	—	1	2	—	1	1-2 weeks	—	—	—	—	—	—	—	—	—
7-9 months	2	1	—	1	—	4	2-3 weeks	—	—	—	—	—	—	—	—	—
10-12 months	1	—	1	1	1	2	3-4 weeks	—	1	—	1	—	—	—	—	—
Total under 1 month	15	9	21	16	5	16	Total under 1 month	—	2	—	1	—	—	—	—	—
1-3 months	5	3	7	9	1	1	1-3 months	1	—	—	1	—	—	—	—	—
4-6 months	5	—	1	1	2	1	4-6 months	2	—	—	—	—	—	—	—	—
7-9 months	1	—	—	—	1	—	7-9 months	—	1	—	—	—	—	—	—	—
10-12 months	—	2	2	—	—	—	10-12 months	1	—	1	—	—	—	—	—	—
Total under 1 year	26	14	31	26	9	18	Total under 1 year	4	4	1	1	1	1	—	—	—
% of total infant deaths	15.86	8.80	19.14	19.41	6.16	12.50	Rate per 1,000 live births	2.44	2.52	0.61	0.74	0.68	0.00	—	—	0.00
Rate per 1,000 live births	4.61	2.53	5.44	4.53	1.62	3.58	0.71	0.72	0.18	0.17	0.18	0.00	—	—	0.00	

Other headings

Table 9 gives a detailed analysis of all premature deaths.

Table 8 (continued)

Other Causes									
35	36	36	24	27	38	2	2	3	1
12	20	16	15	6	21	8	2	—	—
1	—	—	—	1	—	4	—	—	—
1	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—
49	56	46	39	34	59	9	10	3	1
—	2	—	1	—	—	2	—	5	6
—	—	—	—	—	—	1	1	2	3
—	—	—	—	—	—	1	1	2	2
—	—	—	—	—	—	—	—	—	3
49	58	46	40	34	59	Total under 1 month	9	2	1
29.88	36.48	28.41	29.85	23.29	40.97	1—3 months	2	4	5
8.70	10.49	8.07	6.97	6.11	11.72	4—6 months	1	—	—
						7—9 months	1	—	—
						10—12 months	—	—	—
29.88	36.48	28.41	29.85	23.29	40.97	Total under 1 year	13	6	15
8.70	10.49	8.07	6.97	6.11	11.72	% of total infant deaths	7.92	4.48	10.42
						Rate per 1,000 live births	2.31	2.17	2.16
84	89	92	79	83	95	Total under 1 year	80	70	55
							1967	1968	1969
							1970	1971	1972
							134	146	144
							23.35	26.24	28.62
							26.82	24.08	23.31
							18.49	13.59	15.10
							12.46	12.90	10.31
							—	—	16.61

Birth Injuries and Atelectasis
including hyaline membrane disease and respiratory failure

Table 9 *Analysis of Total Premature Infant Deaths, 1972*

Associated Condition	Age						Total
	Under 1 day	1-7 days	1-2 weeks	2-3 weeks	3-4 weeks	1-3 months	
Respiratory distress syndrome	24	12	—	—	—	—	36
Cerebral haemorrhage	1	1	—	—	—	—	2
Gastro-enteritis	—	—	1	—	—	—	1
Bronchopneumonia	—	—	—	—	1	—	1
Unqualified	12	4	1	—	—	1	18
	37	17	2	—	1	1	58

Table 10 Deaths of Infants under One Year of Age from Stated Causes, and Age at Death, during 1972 (according to Departmental records)

International Classification No.	Cause of Death	Age at Death						Total
		Under 1 day	1-7 days	8-28 days	1-3 months	4-6 months	7-9 months	
009	Diarrhoeal disease	...	...	...	1	1	1	6
036	Meningococcal infection	...	...	...	...	1	1	1
250	Diabetes mellitus	...	...	...	...	1	1	1
271	Congenital disorders of carbohydrate metabolism	...	...	...	...	1	1	1
320	Meningitis	...	...	...	4	1	2	6
466	Acute bronchitis and bronchiolitis	...	...	...	3	1	1	3
481	Pneumococcal pneumonia	...	...	...	1	2	4	2
485	Bronchopneumonia, unspecified	...	...	...	1	1	1	15
524	Dento-facial anomalies including malocclusion	...	...	...	1	1	1	1
551	Other hernia of abdominal cavity without mention of obstruction	...	...	...	1	1	1	1
573	Other diseases of liver	...	...	...	1	1	1	1
740	Anencephalus	...	...	...	1	1	1	1
741	Spina bifida	...	...	...	2	1	1	2
742	Congenital hydrocephalus	...	...	...	1	1	1	1
743	Other congenital anomalies of nervous system	...	...	...	1	1	1	1
746	Congenital anomalies of heart	...	...	...	1	1	1	1
750	Other congenital anomalies of upper alimentary tract	...	...	...	2	1	1	3
751	Other congenital anomalies of digestive system	...	...	...	1	1	1	1
756	Other congenital anomalies of musculoskeletal system	...	...	...	1	1	1	1
758	Other and unspecified congenital anomalies	...	...	...	2	1	1	2
759	Congenital syndromes affecting multiple systems	...	...	...	1	1	1	1
768	Difficult labour with other and unspecified complications	...	...	...	1	1	1	1
770	Conditions of placenta	...	...	...	5	2	1	7
772	Birth injury without mention of cause	...	...	...	1	1	1	1
775	Haemolytic disease of newborn, without mention of kernicterus	...	...	...	1	1	1	1
776	Anoxic and hypoxic conditions not elsewhere classified	...	...	31	18	1	1	49
777	Immaturity, unqualified	...	...	12	4	1	1	18
795	Sudden death (cause unknown)	...	...	...	—	5	3	11
796	Other ill-defined and unknown causes of morbidity and mortality	...	...	...	—	1	2	2
		57	30	15	17	16	5	144

Table 11 *Location of Main Centres, Branch Clinics and Medical Centres (i.e. G.P. Units) and showing, where applicable, attendances at Child Health Clinics during 1972.*

Main Centres

Allerton	Wanstead Crescent	2,941
Bradford Moor	Carrington Street	2,387
Central	26 Edmund Street	2,439*
Eccleshill	Rillington Mead	1,259
Great Horton	Saint Street	1,184
Holmewood	Dulverton Grove	1,436
Manningham	20 Green Lane	4,276
Odsal	55 Odsal Road	1,543

Branch Clinics

Bierley	15 Dunsford Avenue	915
Bowling	18 Usher Street	473
Buttershaw	50 Reevy Road West	1,058
Central	40/42 Otley Road	1,368
Clayton	Glenholme, Pasture Lane	591
Idle	70 Albion Road	617
Thornton	Thornton Community Centre	923
Woodside	Eaglesfield Drive	873
Wyke	Worthinghead Road	1,536

Premises rented for Clinic Sessions

Bolton	Bolton Conservative Club	1,374
Bolton Woods	Haven of Rest	182
Girlington	Brownroyd W.M. Club	629
Lidget Green	St. Wilfrid's Church Hall	459
Oakenshaw	Oakenshaw Youth Club	274
Wrose	Bolton Villas Cong. Church Hall	385

Medical Centres (G.P. Units)

Haworth Road		2,200
Idle High Street		834
New Cross Street		1,540
Park Road		1,648
Rooley Lane		—

*Total including attendances at Vaccination Centre

35,344

Table 12 Record of Health Visitors' Work during 1972

					First visit	Subsequent visits
Home visits to children:						
Born in 1972					4,957	(to all
Born in 1967-71					24,220	Pre-School Children)
Totals	...	...	...	...	29,177	42,792
Other visits to:						
Elderly persons	...	...	...	...	6,177	Subsequent visits
Tuberculous households	...	...	...	...	968	(in all
Households with other infectious diseases				...	5,776	categories)
Immigrants	...	...	...	...	7,007	
Other care and after-care visits	...	...	...	...	1,962	
Totals	...	...	...	...	21,890	13,021
						Number of cases
Persons discharged from hospital	...	...	...	...	3,729	
Mentally disordered persons	...	...	...	...	651	
Other duties:						Number
Child welfare centre sessions	...	...	...	...	1,549	
G.P. consultations	...	...	...	...	1,423	
Hospital liaison	...	...	...	...	1,272	
Health education sessions	...	...	...	...	1,084	

Table 13 *School Health Service. Record of Work carried out by Health Visitors and Nurses, 1972*

Number of Home Visits:

In connection with head infestation and general hygiene	682
To follow up defects found	718
For hospital after-care	96
	<hr/>

TOTAL 1,496

Number of Personal Inspections in Schools:

For head infestation and hygiene	139,005
For preparation, weighing, measuring, vision testing	47,983
	<hr/>

TOTAL 186,988

Table 14 *Special Educational Treatment. Bradford Children accommodated in Schools not maintained by the Authority, 1972*

Handicap		Boys	Girls
E.S.N.	...	37	19
Maladjusted	...	9	1
Delicate	...	3	—
Epileptic	...	3	1
Deaf	...	2	1
Partially hearing	...	—	1
Blind	...	3	1
Partially sighted	...	—	2
Physically handicapped	...	5	6
		62	32
		—	94

Table 15 *School Health Service. Medical Inspection and Treatment Returns, 1972*

A. Periodic Medical Inspections

Age Groups Inspected (By year of birth) (1)	No. of Pupils who received a full medical examination (2)	Physical Condition of Pupils (Inspected) No. Satisfactory (3)	No. Unsatisfactory (4)	No. of Pupils found not to warrant a medical examination (5)
1968 and later	706	706	—	—
1967	2,117	2,115	2	—
1966	2,237	2,226	11	—
1965	—	—	—	—
1964	—	—	—	—
1963	—	—	—	—
1962	—	—	—	—
1961	—	—	—	—
1960	—	—	—	—
1959	—	—	—	—
1958	—	—	—	—
1957 and earlier	—	—	—	—
Total	5,060	5,047	13	—
Column (3) total as a percentage of Column (2) total ...	...	...	...	99.74
Column (4) total as a percentage of Column (2) total ...	...	...	...	00.26

Table 15 continued

B. Pupils found to require Treatment at Periodic Medical Inspections (excluding dental diseases and vermin infestation)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded at E below	Total Individual Pupils
1968 and later	2	17	18
1967	70	263	292
1966	101	243	288
1965	—	—	—
1964	—	—	—
1963	—	—	—
1962	—	—	—
1961	—	—	—
1960	—	—	—
1959	—	—	—
1958	—	—	—
1957 and earlier	—	—	—
Total	173	523	598

C. Other Inspections

Number of Special Inspections	...	...	8,748
Number of Re-inspections	...	...	3,736
Total	...	...	12,484

(Note: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection).

D. Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons

No. inspected for first time	46,168	}
No. re-inspected	91,891	

138,059

(b) Total number of individual pupils found to be infested

2,444

(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)

—

(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)

—

(Note: All cases of infestation, however slight, are included.

The number recorded at (b) relates to individual pupils and not to instances of infestation).

Table 15 continued

E. Defects found by Periodic and Special Medical Inspections during 1972

Defect Code No.	Defect or Disease		Periodic Inspections (entrants)	Special Inspections
4	Skin	... ... ... T O	140 310	343
5	Eyes			—
	(a) Vision	... ... T O	70 254	112 125
	(b) Squint	... ... T O	42 220	10 46
	(c) Other	... ... I O	6 31	14 4
6	Ears			
	(a) Hearing	... T O	34 96	413 151
	(b) Otitis Media	... T O	14 111	11 59
	(c) Other	... T O	8 50	8 7
7	Nose and Throat	... T O	50 765	15 88
8	Speech	... ... T O	36 223	6 48
9	Lymphatic Glands	... T O	3 290	2 15
10	Heart	... ... T O	2 115	12 24
11	Lungs	... ... T O	10 223	15 40
12	Developmental			
	(a) Hernia	... ... T O	6 64	— 6
	(b) Other	... ... T O	9 249	9 39
13	Orthopaedic			
	(a) Posture	... ... T O	11 39	5 11
	(b) Feet	... ... T O	22 249	5 35
	(c) Other	... ... T O	11 170	19 39
14	Nervous System			
	(a) Epilepsy	... T O	1 36	8 23
	(b) Other	... T O	8 72	11 20
15	Psychological			
	(a) Development	... T O	3 114	154 339
	(b) Stability	... T O	26 310	4 80
16	Abdomen	... ... T O	1 35	7 11
17	Other	... ... T C	7 103	238 40

T—requiring treatment

O—requiring observation

F. Treatment of Pupils

Note: This section gives the total numbers of:

(i) cases treated or under treatment during the year by members of the Authority's own staff;

Table 15 continued

(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and	
(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.	
(a) Eye Diseases, Defective Vision and Squint	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	40
Errors of refraction (including squint) ...	3,225
Total ...	2,798
Number of pupils for whom spectacles were prescribed	1,322
(b) Diseases and Defects of Ear, Nose and Throat	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear ...	182
(b) for adenoids and chronic tonsilitis	1,127
(c) for other nose and throat conditions	269
Received other forms of treatment	49
Total ...	1,627
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1972 ...	21
(b) in previous years ...	180
(Note: A pupil recorded under (a) is not recorded at (b) in respect of the supply of a hearing aid in a previous year).	
(c) Orthopaedic and Postural Defects	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	232
(b) Pupils treated at schools for postural defects	185
Total ...	417
(d) Diseases of the Skin	Number of cases known to have been treated
(Excluding uncleanliness, for which see Table D)	
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	189
Impetigo	76
Other skin diseases	443
Total ...	708
(e) Child Guidance Treatment	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	525
(f) Speech Therapy	Number of cases known to have been treated
Pupils treated by speech therapists	785
(g) Other Treatments Given	Number of cases known to have been dealt with
(i) Pupils with minor ailments ...	3,402
(ii) Pupils who received convalescent treatment under School Health Service arrangements	406
(iii) Pupils who received B.C.G. vaccination	4,598
(iv) Pupils treated by chiropodist	3,074
(v) Bowel infestations in immigrants	265
(vi) Tetanus immunisation	353
Total (i) to (vi) ...	12,098

Table 16 *School Dental Service, Statistics, 1972*

INSPECTIONS

			Inspected	Number of Pupils Requiring Treatment	Offered Treatment
First inspection—school	...	...	25,560	21,462	17,480
First inspection—clinic	...	...	12,140		
Re-inspection—school or clinic	...	...	1,481	874	
Totals	...	...	39,181	22,336	17,480

ATTENDANCES AND TREATMENT

			Ages 5-9	Ages 10-14	Ages 15 and over	Total
First visit	...	...	5,402	5,236	1,018	11,656
Subsequent visits	...	...	2,700	6,830	1,300	10,830
Total visits	...	...	8,102	12,066	2,318	22,486
Additional courses of treatment						
commenced	...	...	298	502	74	874
Total courses commenced		...	5,700	5,738	1,092	12,530
Courses completed	...	...				9,990
Fillings in permanent teeth	...	...	4,063	13,431	2,716	20,210
Fillings in deciduous teeth	...	...	2,805	481		3,286
Permanent teeth filled	...	...	3,937	13,299	2,664	19,900
Deciduous teeth filled	...	...	2,690	461		3,151
Permanent teeth extracted	...	...	605	2,101	614	3,320
Deciduous teeth extracted	...	...	3,374	1,150		4,524
General anaesthetics	...	...	2,129	1,220	137	3,486
Emergencies	...	...	358	482	82	922
Number of pupils X-rayed	...	...	...	...	...	720
Prophylaxis	...	...	...	...	...	5,080
Teeth otherwise conserved	...	...	...	...	...	20
Teeth root filled	...	...	...	...	...	54
Inlays	...	...	...	...	...	4
Crowns	...	...	...	...	...	78

ORTHODONTICS

New cases commenced during year	...	78
Cases completed during year	...	67
Cases discontinued during year	...	7
No. of removable appliances fitted	...	147
No. of fixed appliances fitted	...	5
Pupils referred to Hospital Consultant	...	15 (from 192 cases)

Table 16 *continued*

DENTURES

Pupils fitted with dentures (first time):

				Ages 5-9	Ages 10-14	Ages 15 and over	Total
with full dentures ...	...	...		—	—	—	—
with other dentures	...	...		1	53	16	70
Total	...	...	...	1	53	16	70
No. dentures supplied (first time or subsequent time)	...	...	...	2	63	22	87

ANAESTHETICS

General anaesthetics administered by Dental Officers 700

SESSIONS

	Adminis- trative sessions	No. of clinical sessions in year				Total Sessions
		School Service	M. & C.W. Sessions	Dental Health Education	Treat- ment	
Dental Officers (incl. P.S.D.O.) ...	202	175	3,122	—	180	— 3,679
Dental Auxiliaries ...	—	—	400	—	10	— 410
Dental Hygienist ...	—	—	—	—	—	—
Total ...	202	175	3,522	—	190	— 4,089
(Dental surgery assistant specialising in D.H.E.) ...	—	—	—	150	—	11 161

Table 17 *Dental Services for Expectant and Nursing Mothers and Children under 5, during 1972*

1. ATTENDANCES AND TREATMENT

		Children 0-4 (incl.)	Expectant and Nursing Mothers
First visit	...	570	147
Subsequent visits	...	219	188
Total visits	...	789	335
Additional courses of treatment commenced	...	40	7
Number of fillings	...	740	244
Teeth filled	...	653	198
Teeth extracted	...	504	220
General anaesthetics given	...	160	40
Emergency visits by patients	...	60	17
Patients X-rayed	...	2	8
Prophylaxis	...	250	70
Teeth otherwise conserved	...	60	—
Teeth root filled	...	—	—
Inlays	...	—	—
Crowns	...	—	—
Courses of treatment completed	...	450	120

2 PROSTHETICS

Patients supplied with F.U. or F.L. (first time)	...	5
Patients supplied with other dentures	...	7
Number of dentures supplied	...	26

3. ANAESTHETICS

General anaesthetics administered by Dental Officers—43

4. INSPECTIONS

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given first inspections during year	705	169
Number of patients in (1) and (4) who required treatment	570	147
Number of patients in (2) and (5) above who were offered treatment	570	147
Number of patients re-inspected during year	61	12

5. SESSIONS

Sessions devoted to treatment	...	...	190
Sessions devoted to Dental Health Education	...	11 (D.S.A.)	

Table 18 District Nursing Service. Analysis of Cases dealt with and Number of Visits made during 1972

Old domiciliary cases brought forward from 1971	1,762	154
New domiciliary cases	4,868	24
	(a) 6,630	8
(b) 2,850		530
Other new cases (treatment sessions at G.P. surgeries)		71
	(a) 6,630	127
	(b) Diabetes	
	(c) 9,480	1,341
Total cases		392
Old domiciliary cases brought forward from 1971	1,762	377
New domiciliary cases	4,868	61
	(a) 6,630	328
	(b) 2,850	208
	(c) 9,480	21
Places of first visit		240
Age (yrs)	0-4 5-64 65+	644
Patients		52
homes	144	331
M. & C. W.	1,782	505
centres	—	293
Residential homes	—	525
Health centres	—	58
	81 44 125	58
G.P. surgeries		6,630
G.P. surgeries		6,630
Ear syringing	...	1,216
Dressings	...	1,463
Injection therapy	...	2,694
Vaccination and immunisation	...	702
Removal of sutures	...	172
Others	...	182
Number of treatments at G.P. surgeries		6,429
Ear syringing	...	Under 5 years
Dressings	...	5-64 years
Injection therapy	...	65+ years
Summary of discharges		282
Domiciliary		2,116
Convalescent Hospital	...	452
Died	...	(b) 2,850
For other causes	...	
	(d) 4,681	
Total cases		2,850
Domiciliary		
Discharges	—	
Domiciliary	—	
Remaining on books at 31st Dec. 1972.	168,404	
	(a) 6,630	

*Note: In respect of 100 essentially domiciliary cases, the first visit was made to G.P. surgeries. Total domiciliary cases (a) 6,630 (2,267 males and 4,363 females) attended during the year are divided into age groups as follows:

Age group	Cases	Visits	Domiciliary
0—4 years	144	1,151	2,326
5—14 "	121	1,514	1,270
15—44 "	1,211	20,952	512
45—64 "	1,282	37,211	573
65 and over	3,872	107,576	4,681
			Patients on the books for more than 1 year
			512 Patients on the books for less than 1 week
			573 Patients who have had more than 1 visit per day
			4,681 Patients who have had more than 25 visits in 1972
			Number of visits to these patients
			6,630 Patients who were incontinent
			4,681 Patients who were in receipt of medical loans
			1,949 Patients who were living alone
			1,949 Patients with home helps

Table 19 *Chiropody Service, 1972*

		Sessions	First Treatments	Subsequent Treatments	Total
Clinics and Handicapped Persons' Centres	... ... ...	2,848	4,891	19,819	24,710
Domiciliary Visits	... ...	—	2,753	8,908	11,661
School Clinics	... ... ...	165	465	2,599	3,054
					39,425
Patients receiving treatment					
Expectant mothers			8		
Handicapped persons			208		
Elderly persons			7,644		

Table 20 *Ambulance Service, Patients, Mileage, etc., 1948—1972*

Year	PATIENTS		MILEAGE		
	Number Carried	% increase on previous year	Miles Travelled	% increase on previous year	Average Miles per patient
1948	24,059	—	147,451	—	6.5
1953	107,660	15.0	347,960	12.3	3.2
1958	137,529	0.2	404,218	1.3(decrease)	2.9
1960	163,411	12.6	495,831	13.1	3.0
1961	175,467	7.4	505,979	2.0	2.9
1962	198,673	13.2	516,761	2.1	2.6
1963	214,075	7.6	557,270	7.8	2.6
1964	233,823	9.2	622,977	11.8	2.7
1965	258,328	10.5	676,384	8.6	2.6
1966	276,745	7.1	695,145	2.8	2.5
1967	289,793	4.7	720,559	3.7	2.5
1968	293,018	1.1	719,378	0.16 (decrease)	2.45
1969	295,659	0.9	730,062	1.5	2.47
1970	287,958	2.6(decrease)	694,966	4.8 (decrease)	2.37
1971	322,821	12.1	748,315	7.67	2.31
1972	312,027	3.0(decrease)	731,600	2.23 (decrease)	2.35

Table 21 *Ambulance Service. Category of Patients and Type of Vehicles, 1972*

		Sitting Cars	Case Ambulances	Total
Patients:				
(a) Accidents	...	...	9	6,870
(b) Others	...	...	662	125,145
(c) Mentally Handicapped Persons	...	...	45	41,638
(d) Physically Handicapped Persons	...	...	61	41,746
(e) Blind Persons	...	...	—	5,611
(f) Children to Day Nurseries	...	...	—	—
(g) Physically Handicapped Children (Education Department)	...	...	—	90,956
Totals	...	777	311,250	312,027

Table 22 *Ambulance Service, Journeys and Type of Vehicle, etc., 1972*

		Sitting Cars	Case Ambulances	Total
Journeys:				
(a) "Section 27 patients", mentally handicapped and physically handicapped persons	323	50,930
(b) Abortive and service	233	1,107
(c) Analgesia	45	364
Totals	601	52,679
Mileage	15,345	731,600

Table 23 *Ambulance Service. An Analysis of the Increase in Patients Carried and Decrease in Mileage Travelled from 1971 to 1972*

PATIENTS				1971	1972	Difference
Accident and emergency cases	Admissions, discharges, out-patients, etc. ...	“section 27” patients	124,214			
Mentally handicapped persons	139,509	41,638	— 97,871	
Physically handicapped persons	46,461	41,807	— 4,654	
Blind persons	5,459	5,611	+ 152	
Physically handicapped children (Education Department)...	8	90,956	+ 90,948	
Patients to Day Nurseries	370	—	— 370	
Totals		...	322,821	312,027	— 10,794	
MILEAGE						
“Section 27” patients	508,247	499,927	— 8,320	
Mentally handicapped persons	159,092	55,255	— 103,837	
Physically handicapped persons	63,824	62,105	— 1,719	
Blind persons	10,330	10,734	+ 404	
Other sections of the Health Department	...		4,515	4,209	— 206	
Mileage chargeable to Bradford “A” and “B” Groups Hospital Management Committees	...		178	92	— 86	
Mileage chargeable to day nurseries	1,610	—	— 1,610	
Mileage chargeable to Education Department			40	98,413	+ 98,373	
Mileage chargeable to Social Services Dept. Removal of dead bodies	479	865	+ 386	
Totals		...	748,315	731,600	— 16,615	

Table 24 *Vaccination of Children under 16 during 1972*

Type of Vaccine	COMPLETED PRIMARY COURSES						RE-INFOREING DOSES							
	Year of Birth			1965—			Year of Birth			1965—				
	1972	1971	1970	1969	1968	Others under 16	Total	1972	1971	1970	1969	1968	Others under 16	Total
1. Triple (diphtheria, pertussis, tetanus)	23	4,359	504	112	51	1	5,050	—	21	26	2	79	4	132
2. Diphtheria/tetanus	—	31	36	23	710	39	839	—	—	3	2	3,302	46	3,353
3. Diphtheria	—	—	2	—	7	2	11	—	—	—	—	85	—	85
4. Tetanus	—	3	4	—	4	36	47	—	1	9	23	129	165	327
5. Poliomyelitis (Sabin-oral)	24	4,377	545	135	1,024	32	6,137	—	17	26	5	3,463	45	3,556
6. Measles	8	3,114	940	133	395	5	4,595	NOT APPLICABLE						
7. Rubella							1,652	1,652	NOT APPLICABLE					
Children protected against:														
DIPHTHERIA (lines 1,2,3)	23	4,390	542	135	768	42	5,900	—	21	29	4	3,466	50	3,570
WHOOPING COUGH (line 1)	23	4,359	504	112	51	1	5,050	—	21	26	2	79	4	132
TETANUS (lines 1, 2, 4)	23	4,393	544	135	765	76	5,936	—	22	38	27	3,510	215	3,812

The following vaccines are not used locally:

Quadruple (diphtheria, pertussis, tetanus, poliomyelitis)

Combined diphtheria/pertussis

Single pertussis

Salk (injection) poliomyelitis

Table 25 *Analysis of Cases examined by Cervical Cytology in Local Authority Clinics during 1972*

Number of new patients seen ...	...	...	2,157
Number of patients for repeat checks after three years			1,578
Total number of patients seen ...	...	...	3,735
Total number of smears taken ...	...	...	3,790
Number of positive smears ...	...	...	24
Number of suspicious smears awaiting follow-up ...			31

Table 26 *Causes of Death, Males and Females, 1972*

International Classification

No. (50 Causes)		Males	Females	Total
4. Enteritis and other diarrhoeal diseases ...	...	4	6	10
5. Tuberculosis of respiratory system ...	...	4	1	5
6. Late effects of respiratory T.B. and other tuberculosis ...	...	1	1	2
11. Meningococcal infection ...	...	2	—	2
17. Syphilis and its sequelae ...	...	1	—	1
18. Other infective and parasitic diseases ...	...	5	2	7
19. Malignant neoplasms ...	...	398	346	744
20. Benign and unspecified neoplasms ...	...	7	3	10
21. Diabetes mellitus ...	...	9	15	24
22. Aritaminoses, etc. ...	...	1	—	1
23. Anaemias ...	...	5	6	11
24. Meningitis ...	...	1	1	2
26. Chronic rheumatic heart disease ...	...	11	23	34
27. Hypertensive disease ...	...	27	28	55
28. Ischaemic heart disease ...	...	579	497	1,076
29. Other forms of heart disease ...	...	78	156	234
30. Cereb.ovascular disease ...	...	278	434	712
31. Influenza ...	...	9	4	13
32. Pneumonia ...	...	97	139	236
33. Bronchitis, emphysema and asthma ...	...	135	72	207
34. Peptic ulcer ...	...	25	11	36
35. Appendicitis ...	...	—	2	2
36. Intestinal obstruction and hernia ...	...	9	11	20
37. Cirrhosis of liver ...	...	1	6	7
38. Nephritis and nephrosis ...	...	8	7	15
39. Hyperplasia of prostate ...	...	5	—	5
42. Congenital anomalies ...	...	15	15	30
43. Birth injury, difficult labour, etc. ...	...	21	31	52
44. Other causes of perinatal mortality ...	...	9	12	21
45. Symptoms and ill-defined conditions ...	...	16	18	34
46. All other diseases ...	...	100	181	281
47. Motor vehicle accidents ...	...	43	28	71
48. All other accidents ...	...	22	21	43
49. Suicide and self-inflicted injuries ...	...	5	6	11
50. All other external causes ...	...	10	16	26
Totals ...		1,941	2,099	4,040

Table 27 *Relative Frequency of Principal Causes of Death, Bradford, 1972*

Cause of Death	Males	Females	Total	% of total deaths
1. Heart disease	668	676	1,344	33.3
2. Cancer	405	349	754	18.7
3. Cerebrovascular disease	278	434	712	17.6
4. Pneumonia	97	139	236	5.8
5. Bronchitis, emphysema and asthma	135	72	207	5.1
6. Violence	80	71	151	3.7
7. Hypertensive disease	27	28	55	1.4
8. Birth injury, difficult labour, etc.	21	31	52	1.3
	1,711	1,800	3,511	86.9

Total deaths were 4,040; 86.9 per cent were due to the eight principal causes above. The remaining 13.1 per cent (529 deaths) are classified under 21 headings, but all of these single causes contributed less than one per cent each to total deaths.

Table 28 *Deaths by Separate Age Groups, Bradford, 1963—1972*

Age	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Under 1 year	156	157	144	163	160	160	168	137	144	140
1—4	20	19	34	26	38	20	20	26	20	28
5—14	19	17	21	12	29	20	14	19	22	30
15—24	27	33	45	40	37	31	28	35	30	34
25—44	147	122	146	132	113	126	131	133	133	115
45—64	1,024	873	938	902	817	859	886	788	831	831
65—74	1,143	1,100	1,051	1,122	1,047	1,129	1,161	1,095	1,069	1,129
Over 75	1,647	1,552	1,705	1,735	1,556	1,681	1,673	1,669	1,604	1,733
Total	4,183	3,873	4,084	4,132	3,797	4,026	4,081	3,902	3,853	4,040

Table 29 *Deaths from Cancer of the Lung and Bronchus, by Sex, Bradford, 1932—1972*

Year	Males	Females	Total
1932	..		18
1936	..		36
1940	..		42
1949	..		82
1950	..		94
1951	88	18	106
1952	74	20	94
1953	91	13	104
1954	89	14	103
1955	110	20	130
1956	116	17	133
1957	120	10	130
1958	123	27	150
1959	126	25	151
1960	126	16	142
1961	120	22	142
1962	143	24	167
1963	151	24	175
1964	127	24	151
1965	159	25	184
1966	117	24	141
1967	176	23	199
1968	167	23	190
1969	150	24	174
1970	152	34	186
1971	147	36	183
1972	179	33	212

Table 30 *Number of Notifications of Infectious Diseases, Bradford, 1962 to 1972*

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Infective enteritis	1,543	1,112	1,463	2,206	1,752	1,721	1,565	2,854	2,220	2,067	2,317
Dysentery	...	732	218	546	774	336	884	260	819	115	582
Salmonellosis	...	48	34	64	76	41	35	49	58	57	110
Food poisoning	...	12	23	136	—	5	196	56	10	60	85
Typhoid or paratyphoid fever	...	3	1	3	18	12	10	4	6	4	2
Measles	...	3,139	1,363	2,665	2,424	2,288	1,716	2,273	91	2,640	491
Whooping cough	...	29	265	303	83	255	189	173	50	161	121
Scarlet fever	...	132	181	256	354	273	148	125	171	77	135
Ophthalmia neonatorum	...	7	10	4	7	10	7	3	4	7	10
Pulmonary tuberculosis	...	259	279	254	191	180	168	186	196	199	170
Non-pulmonary tuberculosis	...	61	70	68	68	57	43	62	108	112	84
Diphtheria	...	—	—	1	—	—	—	—	—	—	—
Smallpox	12	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	1	—	—	—
Malaria	5	1	5	1	4	7	6	5	1
Poliomyelitis	8	—	1	—	—	—	—	—	—
*Acute meningitis	9	29	26	31
*Infective jaundice	429	293	125	105
*Leptospirosis	—	1	—	1

*First full year of notification in 1969

Table 31 *Age Distribution of Notified Cases of Infectious Diseases, Bradford, 1972*

	Under	1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25 and over	Age unknown	Total all ages
Measles	...	50	96	100	115	125	396	21	10	2	31	946
Dysentery	...	31	38	51	52	40	62	25	42	57	6	404
Infective enteritis	465	311	199	123	69	168	104	228	627	23	2,317	
Scarlet fever	...	3	6	9	18	33	29	4	—	—	2	104
Whooping cough	2	3	2	1	—	—	—	—	—	—	—	8
Diphtheria	...	—	—	—	—	—	—	—	—	—	—	—
Acute meningitis	7	1	1	4	—	9	2	4	2	1	31	
Acute poliomyelitis												
Paralytic	...	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic	...	—	—	—	—	—	—	—	—	—	—	—
	Under	5	5-14	15-44	45-64	65 and over	Age unknown	Total all ages				
Acute encephalitis												
Infective	...	...	—	—	—	—	—	—		
Post-infectious	...	...	1	1	—	—	1	3		
Leptospirosis	...	...	—	—	1	—	—	1		
Typhoid fever	...	...	—	1	—	—	—	1		
Paratyphoid fever	...	...	—	1	—	—	—	1		
Food poisoning	...	...	—	25	—	—	11	36		
Salmonellosis	...	...	32	13	26	9	8	88		
Tuberculosis												
Pulmonary	5	16	109	29	7	3	169			
Non-pulmonary	1	6	41	17	2	—	67			
Infective jaundice	11	46	31	9	2	6	105			

Table 32 *Bradford Chest Clinic. New Cases of Tuberculosis discovered in 1972 with comparative figures for 1971*

	1971			1972		
	Respiratory Disease	Non-Respiratory Disease	Total	Respiratory Disease	Non-Respiratory Disease	Total
Males	92	34	126	82	28	110
Females	60	40	100	62	23	85
Children	14	13	27	15	6	21
Total ...	166	87	253	159	57	216

Table 33 *Bradford Chest Clinic. Analysis of Notifications in 1972 (216)*

			Males	Females	Children	Total
Local Authorities—						
(1) Bradford C.B.	...	...	108	82	21	211
(2) West Riding	...	...	2	3	—	5
Nationality—						
(1) English	...	...	30	24	4	58
(2) European	...	...	2	3	—	5
(3) Asian	...	...	78	58	17	153
Age—						
(1) Children	...	...	—	—	21	21
(2) 15/24	...	...	34	28	—	62
(3) 25/34	...	...	24	23	—	47
(4) 35/44	...	...	18	13	—	31
(5) 45/54	...	...	18	14	—	32
(6) 55+	...	...	16	7	—	23
Types of Disease—						
(1) Respiratory (positive sputa)	...	...	26	18	—	44
(2) Respiratory (negative sputa)	...	...	56	44	15	115
(3) Non-respiratory	...	...	28	23	6	57
Origin of cases referred to the Clinic—						
(1) General Practitioners	...	...	12	14	7	33
(2) M.M.R. Unit	...	...	20	13	2	35
M.M.R. Unit (G.P. referrals)	...	...	31	17	—	48
(3) Hospitals	...	...	44	36	5	85
(4) Contacts	...	...	3	5	7	15

Table 34 *Bradford Chest Clinic Attendances, 1968—1972*

		1972	1971	1970	1969	1968
New patients	...	1,061	1,078	1,139	1,334	1,443
New contacts	...	1,510	1,500	1,699	1,903	1,982
Total new patients	...	2,571	2,578	2,838	3,237	3,425
Clinic re-attendances	...	5,886	5,811	5,522	5,879	5,941
Contact re-attendances	...	2,116	1,864	1,717	1,718	1,223
B.C.G. vaccinations	...	474	542	527	529	662
Total out-patient attendances	...	11,047	10,795	10,604	11,363	11,251
Clinic sessions held	...	409	409	412	463	542

Table 35 *Total Additions and Deletions from Bradford Chest Clinic Tuberculosis Register, 1972*

Numbers on Register on 1/1/72	...	Respiratory Tuberculosis 979	Non-Respiratory Tuberculosis 252	Totals 1,231
Inward transfers	...	...	4	2
Child to adult	...	...	7	5
Cases re-discovered	...	...	12	4
Notifications—				
Negative secretions	...	...	115	38
Positive secretions	...	...	44	19
Total additions	...	1,161	320	1,481
Recovered	...	...	129	49
Died	...	...	14	1
Outward transfers	...	...	10	3
Child to adult	...	...	7	5
Other reasons	...	...	61	27
Total deletions	...	221	85	306
Number on Register on 31/12/72	...	940	235	1,175

Table 36 *Deaths of Patients on Bradford Chest Clinic Tuberculosis Register, 1972*

		Respiratory		Non-Respiratory		Total					
Males	...	13		—		13					
Females	...	1		1		2					
Children	...	—		—		—					
	Total	14		1		15					
Analysis of all deaths:											
		Deaths due to Tuberculosis			Deaths not primarily due to Tuberculosis						
	M.	F.	Ch.	Total	M.	F.	Ch.	Total	Total		
Known cases of tuberculosis on clinic Register		...	4	1	—	5	10	—	—	10	15
Death notifications		...	—	—	—	—	5	—	—	5	5
	Totals	...	4	1	—	5	15	—	—	15	20

Table 37 *New Cases of Early Syphilis and Gonorrhoea attending the Bradford Special Diseases Clinic, 1946—1972*

Year		Early Syphilis			Gonorrhoea			Total
		Male	Female	Total	Male	Female		
1946	151	100	251	369	117	486
1947	117	93	210	264	94	358
1948	51	59	110	147	68	215
1949	40	49	89	121	53	174
1950	32	24	56	91	41	132
1951	24	7	31	94	31	125
1952	12	7	19	51	20	71
1953	5	4	9	87	32	119
1954	9	7	16	114	34	148
1955	14	8	22	102	28	130
1956	17	7	24	131	35	166
1957	11	3	14	322	84	406
1958	3	—	3	294	61	355
1959	3	—	3	419	103	522
1960	2	—	2	466	139	605
1961	—	—	—	625	158	783
1962	3	2	5	664	161	825
1963	4	—	4	707	237	944
1964	9	3	12	769	238	1,007
1965	14	6	20	530	199	729
1966	15	4	19	573	199	772
1967	11	9	20	570	227	797
1968	3	6	9	477	228	705
1969	12	7	19	392	220	612
1970	2	3	5	405	211	616
1971	5	2	7	461	250	711
1972	2	1	3	399	213	612

Table 38 *Number of New Registrations and Attendances at the Bradford Special Diseases Clinic, 1946—1972*

Year	Syphilis (all stages) and Gonorrhoea				Other Conditions		Total Attendances	
	Male	Female	Male	Female	Male	Female	Male	Female
1946	815	291	554	212	16,487	10,677		
1947	622	287	456	226	11,235	9,326		
1948	358	229	440	144	9,040	6,859		
1949	293	184	400	133	7,957	5,647		
1950	228	148	431	155	7,659	4,582		
1951	194	107	390	101	7,370	4,292		
1952	156	95	388	105	6,087	3,770		
1953	160	103	458	141	7,239	3,957		
1954	182	104	458	135	6,986	4,043		
1955	174	97	427	140	6,345	3,733		
1956	210	106	437	152	6,450	4,375		
1957	406	134	525	153	8,733	3,818		
1958	375	107	593	164	8,142	3,020		
1959	436	118	605	213	8,662	3,810		
1960	491	153	731	214	9,142	3,001		
1961	644	176	780	219	10,019	3,220		
1962	680	181	872	294	10,944	3,324		
1963	721	248	877	339	9,918	3,715		
1964	795	250	950	405	10,380	3,464		
1965	557	215	971	472	9,652	3,652		
1966	600	209	946	424	8,295	2,656		
1967	593	250	1,057	491	7,514	2,618		
1968	494	240	975	439	6,554	2,256		
1969	415	233	1,130	493	6,058	2,233		
1970	412	219	1,139	549	6,031	2,189		
1971	476	253	1,437	776	7,253	2,447		
1972	406	220	1,483	795	6,476	2,795		

Table 39 *Particulars of Work Done by District Public Health and Housing Inspectors during 1972*

INSPECTION OF DWELLINGS

Houses inspected under the Housing Acts—others	...	...	...	...	...	...	4,202
—immigrants	...	...	...	...	...	...	432
Houses in respect of which notices were served requiring repairs	...	...	...	...	...	...	—
Houses rendered fit after formal notices:	...	...	...	...	...	...	—
(a) by owners	...	...	...	...	...	...	—
(b) by Local Authority on default	...	...	...	...	...	...	—
Houses rendered fit without service of formal notices	...	...	...	...	...	...	—
Revisits—others	...	...	...	...	...	...	8,663
—immigrants	...	...	...	...	...	...	671
Certificates of disrepair—issued	...	...	...	...	...	...	23
—revoked	...	...	...	...	...	...	37
Houses let in lodging inspected—others	...	...	...	...	...	...	354
—immigrants	...	...	...	...	...	...	441
Notices served—owners	...	...	...	...	...	...	65
—occupiers	...	...	...	...	...	...	7
Notices complied with	...	...	...	...	...	...	46
Overcrowded houses visited—others	...	...	...	...	...	...	12
—immigrants	...	...	...	...	...	...	4
Houses decrowded	...	...	...	...	...	...	—
Houses inspected under Public Health Acts—others	...	...	...	...	...	...	5,621
—immigrants	...	...	...	...	...	...	528

Table 39 continued

Notices served	...	...	...	...	...	...	...	713
Notices complied with by:								
(a) owners	...	...	...	...	...	...	...	173
(b) occupiers	...	...	...	...	...	...	...	47
(c) Local Authority on default	...	...	...	...	...	...	...	141
Houses rendered fit without service of formal notice	...	...	...	...	...	...	...	43
Re-visits—others	...	...	...	...	...	...	...	10,004
—immigrant	...	...	...	...	...	...	...	609
Common lodging houses visited—day	...	...	...	...	...	...	...	25
—night	...	...	...	...	...	...	...	—
INSPECTIONS AND VISITS	...							
Complaints investigated	...	...	...	...	...	...	...	3,420
Complaints investigated (noise)	...	...	...	...	...	...	...	53
Visits and inspections (other than dwellinghouses)	...	...	...	...	...	...	...	1,157
Schools inspected	...	...	...	...	...	...	...	1
Exhumations supervised	...	...	...	...	...	...	...	2
Cinemas inspected	...	...	...	...	...	...	...	1
Piggeries inspected	...	...	...	...	...	...	...	18
Second-hand furniture and clothing shops visited	...	...	...	...	...	...	...	—
Diseases of Animals Act—premises visited	...	...	...	...	...	...	...	215
AGRICULTURAL (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1956	...							
Agricultural units inspected	...	...	...	...	...	...	...	—
Units in respect of which notices were served	...	...	...	...	...	...	...	—
Notices complied with	...	...	...	...	...	...	...	—
MISCELLANEOUS NUISANCES, etc.	...							
Dangerous places referred to City Engineer	...	...	...	...	...	...	...	11
Absence of, or defective dustbins referred to Cleansing Department	...	...	...	...	...	...	...	14
Choked sewers and street gulleys reported	...	...	...	...	...	...	...	345
Wastes of water reported to Waterworks Department	...	...	...	...	...	...	...	103
Samples of water taken for:								
(a) chemical analysis								
drinking water—for fluoride	...	...	...	...	...	...	...	12
drinking water—for plumbo-solvency	...	...	...	...	...	...	...	260
swimming bath water	...	...	...	...	...	...	...	206
cellar water	...	...	...	...	...	...	...	131
(b) bacteriological examination								
drinking water	...	...	...	...	...	...	...	161
Premises dealt with under the Prevention of Damage by Pests Act, 1949	...	...	...	...	...	...	...	—
DRAIN TESTING	...							
Colour tests	...	...	...	...	...	Positive	...	286
					...	Negative	...	854
Smoke tests (rocket)	...	...	...	...	...	Positive	...	9
					...	Negative	...	29
Smoke tests (machine)	...	...	...	...	...	Positive	...	36
					...	Negative	...	33
Water under pressure tests	...	...	...	...	...	Positive	...	—
					...	Negative	...	—
Volatile tests	...	...	...	...	...	Positive	...	—
					...	Negative	...	—
DRAINAGE AND SANITARY ARRANGEMENTS	...							
Choked drains cleansed	...	...	...	...	...	...	...	364
Drains amended	...	...	...	...	...	...	...	57
Drains reconstructed	...	...	...	...	...	...	...	65
Extra drains provided	...	...	...	...	...	...	...	14
Cellars drained	...	...	...	...	...	...	...	13
Open drain inlets trapped	...	...	...	...	...	...	...	—
Waste pipes trapped	...	...	...	...	...	...	...	4

Table 39 *continued*

Eaves spouts repaired or renewed	...	...	...	...	...	...	...	85
Rainwater pipes disconnected	...	...	...	...	...	...	...	2
Rainwater conductors repaired or renewed	...	...	...	...	...	...	...	38
Sinks replaced	...	...	...	...	...	...	...	10
Sink waste pipes repaired or renewed	...	...	...	...	...	...	...	62
Waste water closets abolished	...	...	...	...	...	...	...	—
External water closets abolished	...	...	...	...	...	...	...	—
Water closet pedestals renewed	...	...	...	...	...	...	...	5
Water closet and flushing apparatus repaired	...	...	...	...	...	...	...	15
Water closets cleansed	...	...	...	...	...	...	...	7
General repairs to water closets	...	...	...	...	...	...	...	29
Internal water closets provided	...	...	...	...	...	...	...	2
Additional W.C. accommodation provided	...	...	...	...	...	...	...	1
Additional sanitary accommodation provided under the Agriculture (Safety, Health and Welfare Provisions) Act, 1956	...	...	...	...	...	...	...	1
Soil pipes repaired or renewed	...	...	...	...	...	...	...	9
Ventilating pipes repaired or renewed	...	...	...	...	...	...	...	2
Privy structures abolished	...	...	...	...	...	...	...	—
Privies converted to—W.C.'s	...	...	...	...	...	...	...	—
—chemical closets	...	...	...	...	...	...	...	—
Baths provided	...	...	...	...	...	...	...	1
Lavatory basins provided	...	...	...	...	...	...	...	20
Bathrooms provided	...	...	...	...	...	...	...	1
DWELLING HOUSES, YARDS, etc.								
Dampness excluded	...	...	...	...	...	...	...	101
Roofs repaired	...	...	...	...	...	...	...	54
Houses or parts cleansed	...	...	...	...	...	...	...	8
Verminous premises disinfected	...	...	...	...	...	...	...	11
Window cords renewed	...	...	...	...	...	...	...	10
General repairs executed	...	...	...	...	...	...	...	99
Cooking ranges repaired or renewed	...	...	...	...	...	...	...	7
Gas pipes or fittings repaired or renewed	...	...	...	...	...	...	...	2
Electric wiring or fittings repaired or renewed	...	...	...	...	...	...	...	6
Gas cookers provided	...	...	...	...	...	...	...	—
Electric cookers provided	...	...	...	...	...	...	...	1
New food stores provided	...	...	...	...	...	...	...	—
Existing food stores ventilated	...	...	...	...	...	...	...	—
Hand rails provided	...	...	...	...	...	...	...	—
Water supply improved	...	...	...	...	...	...	...	6
Houses supplied with City water supply	...	...	...	...	...	...	...	—
Domestic hot water supply provided	...	...	...	...	...	...	...	15
Means of heating provided	...	...	...	...	...	...	...	1
Noise nuisances abated—industry	...	...	...	...	...	...	...	—
—domestic	...	...	...	...	...	...	...	—
Septic tank and filter installations provided	...	...	...	...	...	...	...	1
Effluvium nuisances abated	...	...	...	...	...	...	...	4
Yard and passage paving repaired	...	...	...	...	...	...	...	1
Yards cleansed	...	...	...	...	...	...	...	55
KEEPING OF ANIMALS, etc.								
Improper keeping of swine prohibited	...	...	...	...	...	...	...	—
Piggeries repaired	...	...	...	...	...	...	...	—
New piggeries provided	...	...	...	...	...	...	...	—
Improper keeping of fowls, etc., prohibited	...	...	...	...	...	...	...	—
Accumulations of offensive matter, etc., removed	...	...	...	...	...	...	...	58
Accumulations of manure removed	...	...	...	...	...	...	...	16
Manure receptacles repaired	...	...	...	...	...	...	...	—
Manure receptacles provided	...	...	...	...	...	...	...	—

(for details of Slum Clearance see Table 48)

Table 40 *Water Supply. Samples taken for Plumbo-Solvency during 1972*

Results of "first draw" samples, water collected in 20oz. bottles				Pb. p.p.m.
Date	Source of Water	Address	pH	
11.1.72	Low Level	9 Peel Street	8.8	0.08
19.4.72	"	" "	7.9	0.12
8.6.72	"	" "	8.0	0.06
23.8.72	"	" "	7.9	0.13
5.10.72	"	" "	8.1	0.11
7.12.72	"	" "	8.2	0.07
11.1.72	Intermediate Level	123 Maudsley Street	9.4	<0.01
18.4.72	"	134 Walden Drive	9.2	0.01
8.6.72	"	17 Southlands Grove	9.0	0.08
22.8.72	"	" "	8.9	<0.05
5.10.72	"	" "	8.5	0.08
6.12.72	"	" "	7.5	0.03
High Level				
11.1.72	Thornton Moor D.S.	114 Hill Top Road	7.9	0.02
21.4.72	"	" "	8.4	<0.05
9.6.72	"	Nursery House, Clayton Heights	0.9	0.02
4.8.72	"	" "	8.7	0.01
5.10.72	"	" "	7.9	0.02
6.12.72	"	" "	7.1	0.02
High level				
1.1.72	Thornton Pressure D.S.	11 Heys Crescent	9.0	0.02
8.4.72	"	5 Heys Crescent	8.5	0.01
9.6.72	"	10 Station Road	8.1	0.02
24.8.72	"	5 Heys Crescent	8.6	<0.01
11.10.72	"	800 Thornton Road	7.9	0.13
8.12.72	"	800 Thornton Road	6.2	0.32
High level				
11.1.72	Bayshaw Res. D.S.	11 Poplar Grove	8.5	0.01
18.4.72	"	119 Poplar Grove	8.5	0.01
8.6.72	"	119 Poplar Grove	8.2	<0.01
23.8.72	"	170 Old Road	7.7	0.15
11.10.72	"	" "	7.8	0.09
7.12.72	"	" "	7.8	0.13
High level				
11.1.72	Horton Bank Res. D.S.	743 Great Horton Road	7.3	0.04
18.4.72	"	828 Great Horton Road	7.0	0.03
8.6.72	"	285 Moor Lane	7.4	<0.01
23.8.72	"	65 Hollybank Road	6.9	0.03
11.10.72	"	" "	7.3	0.02
7.12.72	"	" "	7.4	0.03

In addition to the above samples examined specifically for lead, some 38 eighty-ounce samples taken from consumers' taps "after running" were tested for the pressure of lead, zinc and copper. Of these, one had a lead content of 0.1 p.p.m., the remainder contained <0.05 p.p.m. of lead.

Table 41 *Water Supply. Typical Chemical Analyses of Samples of Water from the Corporation's three Sources of Supply*

			High Level Supply	Intermediate Level Supply	Low Level Supply
<i>Parts per Million</i>					
Total solids dried at 180°C	...	...	80	70	80
Ammonia nitrogen	...	...	0.05	0.02	0.02
Albuminoid ammonia nitrogen	...	...	0.05	0.04	0.05
Nitrite nitrogen	...	...	...	None detected	None detected
Nitrate nitrogen	...	...	...	0.6	0.3
Chlorine present as chloride	...	...	15	12	15
Oxygen absorbed from acid permanganate 4 hours at 27°C	...	...	1.0	0.7	1.2
Alkalinity as Calcium carbonate	...	...	25	20	30
Permanent hardness as calcium carbonate	...	...	35	20	25
Total hardness as calcium carbonate	...	...	60	40	55
<i>Metals</i>					
Iron	...	...	...	0.1	0.05
Aluminium	...	...	...	0.1	0.10
Manganese	...	...	...	0.1	<0.01
Lead	...	...	...	<0.05	<0.05
Zinc	...	...	...
Copper	...	...	...
Colour Hazen units	...	...	...	10	5
Turbidity parts per million	...	...	<1	<1	<1
pH	...	...	...	8.0	8.4

Table 42 *Factories Act, 1961. Inspections for Purposes of Provisions as to Health in 1972*

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which section 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	83	20	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,977	43	19	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	45	8	2	—
Total	2,105	71	25	—

Cases in which defects were found

Particulars	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	No. of cases in which prosecu- tions were instituted
Want of cleanliness (S.1) ...	6	6	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) —	—	—	—	—	—
Inadequate ventilation (S.4) —	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) Insufficient	5	5	—	2	—
(b) Unsuitable or defective	4	4	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	5	5	—	5	—
Total	20	20	—	13	—

Table 43 *Factories Act, 1961, Sections 133 and 134*
Number of Outworkers Engaged in Various Trades at August 1972
 SECTION 133

Nature of work	No. of outworkers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	SECTION 134	
				No. of instances of work in unwholesome premises	Notices served Prosecutions
Wearing apparel, making, etc.	...	48	—	—	—
Textile Weaving	...	79	—	—	—
Curtains and furniture hangings	...	2	—	—	—
Brush making	...	4	—	—	—
Total	...	133	—	—	—

Table 44 *Smoke Abatement. Improvements made to Boiler Plants, etc., in Industrial Premises during 1972*

Nature of work or equipment	Number of Units				
Industrial gas burners installed	8
Gas-fired air heaters installed	8
Gas-fired boilers installed	10
Oil-fired steam boilers installed	7
Oil-fired air heaters installed	23
Oil-fired central heating boilers installed	8
Oil burners installed	19
Oil burners maintained	29
Mechanical stokers installed	1
Mechanical stokers maintained	5
New chimneys provided	21
Chimneys increased in height	3
Incinerators installed	1
Incinerators abolished	3
Grit arrestors provided to cupolas	1
Cupolas maintained	6

Table 45 *Clean Air Act, 1956. Equipment in Industrial Premises given 'Prior Approval' during 1972*

Type of Unit	Number to be Installed				
Oil-fired steam boilers	13
Oil-fired central heating boilers	11
Oil-fired air heaters	20
Oil burners	8
Gas-fired boilers	21
Mechanical stokers	1
Incinerators	3
Vehicle incinerator	1
Rotary furnace	1
Gas-fired brick kiln	1

Table 46 *Slum Clearance Statistics, 1970, 1971 and 1972*

(1) *Housing Act, 1957, Part III.*

(Clearance Areas, Compulsory Purchase Orders and Clearance Orders)

				1970	1971	1972
No. of clearance areas represented	...	...	...	26	39	73
No. of clearance orders made or recommended	...	...	...	—	1	—
No. of compulsory purchase orders made or recommended				19	18	33
No. of clearance areas dealt with by agreement	...	...	...	1	—	—
No. of clearance areas purchased by agreement	...	...	...	3	—	—
No. of unfitness orders represented	...	...	...	—	—	—
Total houses affected by above actions	...	...	...	1,273	1,440	1,509
No. of families rehoused by the L.A.	...	...	...	349	580	568
No. of houses demolished	...	...	...	1,114	1,292	1,746
No. of houses in clearance orders and compulsory purchase orders awaiting confirmation	...	...	...	1,624	1,396	2,125

(2) *Housing Act, 1957. Sections 16, 17 and 18.*

(Informal Action and Local Authority owned Unfit Houses)

No. of houses represented	...	...	...	...	150	21	25
No. of demolition orders made	...	...	...	...	7	—	—
No. of closing orders made	...	...	...	...	35	7	25
No. of houses subject to undertakings to demolish	...	...	...	...	5	—	—
No. of houses subject to undertakings not to use for habitation					—	—	—
No. of undertakings to render fit for habitation executed					—	—	—
No. of L.A. owned houses certified unfit	...	...	...	...	108	14	22
No. of houses demolished	...	...	...	...	99	22	6
No. of families rehoused by the Corporation	...	...	...	...	94	24	3
No. of closing orders determined	...	...	...	...	1	—	—
No. of undertakings to render fit executed	...	...	...	...	—	—	—

(3) *Slum Clearance Summary (1972)*

Total houses represented to Committee in Clearance Areas (Clearance Orders and Compulsory Purchase Orders) and individually unfit etc.	...	...	1,534
Total houses demolished (all types)	...	...	1,752
Total families rehoused by the Corporation	...	...	571

Table 47 *Disinfection and Disinfestation during 1972*

Disinfection:

Premises disinfected	...	...	...	...	...	...	...	4
Rooms disinfected	...	...	...	...	...	...	...	26
Articles disinfected	...	...	...	...	...	...	...	968
Library books destroyed	...	...	...	...	...	...	...	—

Disinfestation:

Premises disinfested	...	...	...	...	...	...	...	187
Rooms disinfested	...	...	...	...	...	...	...	867
Articles disinfested	...	...	...	...	...	...	...	155

Cleansing of Verminous Persons and Articles:

(1) Scabies—		New Cases	Number of Treatments Given
Pre-school children—U.K. born	4
—Immigrant	1
School children—U.K. born	15
—Immigrant	23
Adults—U.K. born	18
—Immigrant	44
(2) Head and Body Lice, Fleas, etc.—			
Pre-school children	2
School children	4
Adults	20
Articles disinfested
Baths given
Operations of steam disinfectors

Table 48 *Rodent Control, 1972. Details of Premises Involved*

			Rats	Mice
Canteens	...	...	9	22
Cafes	...	...	6	12
Food shops	...	...	19	68
Farms	...	...	2	3
Tips	...	...	3	—
Business premises	...	...	231	281
Private dwellings	...	...	1,145	1,626
Schools and canteens	...	...	34	122
Markets and abattoir	...	...	8	27
B.C.P.T. Depots	...	...	1	8
Other L.A. properties	...	...	22	40
			1,480	2,209

A total of 3,689 infestations were treated.

Major Infestations		Minor Infestations	
RATS	MICE	RATS	MICE
—	—	1,480	2,209

Table 49 *Food Premises Registered under Section 16, Food and Drugs Act, 1955, and Dairies Registered under Milk and Dairies (General) Regulations 1959. Number of Inspections, 1972*

Section 16, Food and Drugs Act, 1955							Number	Number of Inspections
Premises used for the sale, storage or manufacture of ice cream	...	...	...	...	...	...
Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats and other foods	...						400	416
Premises used for the preparation of fish by any process of cooking (fried fish shops)	...	...	...	...	...	...	230	391
Milk and Dairies Regulations, 1959								
Dairies	...	...	...	...	...	...	13	36

Table 50 *Number of food premises at 1972 subject to the Food Hygiene (General) Regulations, 1970 shown in categories of food business*

Bakers	...	...	...	...	...	...	...	133
Butchers	...	...	...	...	...	...	...	259
Chemists	...	...	...	...	...	...	...	102
Clubs	...	...	...	...	...	...	...	191
Confectioners	...	...	...	...	...	...	...	90
Fish friers	...	...	...	...	...	...	...	230
Greengrocers	...	...	...	...	...	...	...	230
Grocers	...	...	...	...	...	...	...	723
Hospital kitchens	...	...	...	...	...	...	...	24
Hospital ward kitchens	...	...	...	...	...	...	...	66
Ice cream manufacturers	...	...	...	...	...	...	...	7
Industrial canteens	...	...	...	...	...	...	...	218
Local Authority establishments	...	...	...	...	...	...	...	70
Mineral water manufacturers	...	...	...	...	...	...	...	7
Miscellaneous	...	...	...	...	...	...	...	23
Private hotels and boarding establishments	...	...	...	...	...	...	...	49
Private nursing and other residential homes	...	...	...	...	...	...	...	26
Public houses	...	...	...	...	...	...	...	334
Restaurants and cafes	...	...	...	...	...	...	...	277
School kitchens	...	...	...	...	...	...	...	90
School serveries	...	...	...	...	...	...	...	101
Supermarkets	...	...	...	...	...	...	...	41
Sweets	...	...	...	...	...	...	...	345
Wholesale food premises	...	...	...	...	...	...	...	131

Table 51 *Administration of the Food Hygiene (General) Regulations 1960/62 during 1972*

Inspections	...	...	...	5,198
Warning letters sent	...	...	438	
Verbal warnings	...	...	1,032	
Summary of types of contraventions found in food and shop premises:				
Structural repairs and improvements	...	...	...	398
Structural cleanliness	...	...	...	760
Lighting	...	...	...	79
Ventilation	...	...	...	94
Wash-hand basins—provision or renewal	...	...	...	223
Sinks—provision or renewal	...	...	...	95
Hot water—provision or improvement	...	...	...	156
Drainage	...	...	...	81
Equipment, improvement of	...	...	...	207
Equipment, cleanliness of	...	...	...	367
Protection of food	...	...	...	313
Food storage temperatures	...	...	...	105
Personal cleanliness	...	...	...	79
Smoking in food premises	...	...	...	104
First Aid equipment	...	...	...	212
Storage of clothing	...	...	...	105
Refuse disposal	...	...	...	158
Laundry reception in food shops	...	...	...	19
Rodent infestations	...	...	...	60
Other infestations	...	...	...	15
Sanitary conveniences—Repairs	...	...	...	60
Cleanliness	...	...	...	145
Lighting	...	...	...	26
Ventilation	...	...	...	96
Hand-washing notices	...	...	...	181
			Total	4,138

Table 52 *Proceedings under the Provisions of the Food Hygiene (General) Regulations 1970, during 1972*

1. Proceedings were instituted against the owner of a food business carrying on the trade of butcher.

Informations were laid as follows:

Regulation 7: Failure to keep clean a chopping block.
Penalty £25.

Failure to keep clean a refrigerator.
Penalty £25.

Failure to keep clean a fat rendering vessel.
Penalty £25.

Regulation 18(3): Failure to provide a towel.
Penalty £10.

Regulation 18(4): Failure to keep clean a wash-hand basin.
Penalty £10.

Regulation 19: Failure to provide first aid equipment.
Penalty £5.

2. Proceedings were instituted against the owner of a food business carrying on the trade or business of restaurateur.

Informations were laid as follows:

Regulation 7: Failure to keep clean a mincing machine.
Penalty £25.

Failure to keep clean a chopping block.
Penalty £25.

Failure to keep clean a cleaver.
Penalty £25.

Failure to keep clean a pan.
Penalty £25.

Failure to keep clean weighing scales.
Penalty £25.

Regulation 16: Failure to keep clean the sanitary convenience.
Penalty £25.

Direct communication between a watercloset and a food room.
Penalty £25.

Regulation 18: Failure to provide suitable and sufficient wash-hand basins.
Penalty £25.

Regulation 20: Failure to provide accommodation for outdoor or other clothing.
Penalty £25.

Regulation 25: Failure to keep clean the walls, floors, ceilings, windows, and woodwork of every food room.
Penalty £25.

Regulation 26: Allowing avoidable refuse to accumulate in a food room.
Penalty £25.

3. Proceedings were instituted against the owner of a food business carrying on the trade of mixed grocery.

Informations were laid as follows:

Regulation 7: Failure to keep clean a display fitting.
Penalty £15.

Failure to keep clean a food counter.
Penalty £15.

Table 52 continued

4. Proceedings were instituted against the owner of a food business carrying on the trade or business of mixed grocery and poultry slaughter.

Informations were laid as follows:

Regulation 7: Failure to keep clean bleeding cones.
Penalty £25.

Regulation 25: Failure to keep clean the floors, walls, ceilings and woodwork of every food room.
Penalty £25.

Regulation 26: Allowing avoidable refuse to accumulate in a food room.
Penalty £25.

Food Handling Byelaws:

Failure to provide lid to rubbish bin.
Penalty £2.

5. Proceedings were instituted against the owner of a food business carrying on the trade or business of cafe.

Informations were laid as follows:

Regulation 7: Failure to keep clean a food preparation table.
Penalty £25.

Regulation 25: Failure to keep clean and in good order, repair and condition the floor covering.
Penalty £25.

Food Handling Byelaws:

Failure to provide lid to rubbish bin.
Penalty £2.

6. Proceedings were instituted against the owner of a food business carrying on the trade or business of grocery and butchery.

Informations were laid as follows:

Regulation 7: Failure to keep clean a meat cleaver.
Penalty £25.

Failure to keep clean a chopping block.
Penalty £25.

Failure to keep clean a scale plate.
Penalty £10.

Failure to keep clean a knife.
Penalty £10.

Regulation 25: Failure to keep clean the walls, floors, ceilings, windows and wood-work of every food room.
Penalty £25.

Food Handling Byelaws:

Failure to provide lids to refuse bins.
Penalty £5.

Table 53 *Administration of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 during 1972*

Inspections	...	...	...	...	141
Warning letters sent	...	...	...	...	21
Verbal warnings	...	...	...	...	20
Summary of types of contraventions found in food stalls and delivery vehicles:					
Names and address not displayed	...	...	...	...	24
Address of garage not displayed	...	...	...	...	18
Repair and cleanliness of structure	...	...	...	...	16
Repair and cleanliness of equipment	...	...	...	...	12
Lighting	...	...	...	...	2
Ventilation	...	...	...	...	1
Food protection or contamination	...	...	...	...	24
Handwashing facilities—provision of wash-hand basin	...	...	...	...	7
Handwashing facilities—provision of soap, towels and nailbrush	...	...	...	...	12
Washing-up facilities	...	...	...	...	7
Water supply (including lack of hot water)	...	...	...	...	9
Personal cleanliness	...	...	...	...	9
Overclothing	...	...	...	...	5
First aid materials	...	...	...	...	5
Storage of refuse	...	...	...	...	29
Separation of unfit food	...	...	...	...	—

Table 54 *Food Inspection 1972. Offences against Section 2 and Section 8 of the Food and Drugs Act, 1955.*

Sale of mouldy hamburger (Sec. 8)—fined £25.	
Sale of teacake containing beetle—fined £15.	
Sale of teacake containing beetle—fined £25.	
Sale of roast beef unfit for consumption	
Exposure for sale of roast beef unfit for consumption	} (Sec. 8)—fined £25.
Sale of mouldy cheese (Secs. 8 and 113)—fined £25.	
Possession for sale of mouldy cheese (Secs. 8 and 113)—fined £25.	
Sale of mouldy sausage—fined £10.	
Sale of two mouldy loaves of bread—fined £15.	
Sale of mouldy pie (Sec. 8)—fined £10.	
Sale of bread containing metal—fined £25.	
Exposure for sale of mouldy cheese (Secs. 2 and 113—Shop Manager enjoined in proceedings)—fined £15.	
Sale of mouldy bread (Sec. 8)—fined £15.	
Sale of mouldy loaf (Secs. 2 and 113)—fined £5.	
Sale of mouldy loaf (Sec. 8)—fined £25.	
Exposure for sale of three mouldy loaves (Sec. 8)—fined £25.	
Sale of mouldy loaf—absolute discharge.	
Penicillin in milk (Sec. 2)—absolute discharge.	
Exposure for sale of unfit sugar confectionery (Sec. 8)—fined £10.	
Sale of mouldy cheese (Sec. 8)—fined £15.	
Possession for sale of mouldy cheese (Sec. 8)—fined £5.	
Sale of bottle of milk containing pupae of fruit fly (Sec. 2)—fined £30.	
Sale of biscuit containing wire (Secs. 2 and 113)—fined £10.	
Sale of bottle of milk containing pellicle of mould (Sec. 2)—fined £50.	
Sale of mouldy Angel Cake (Secs. 2 and 113)—Shop Manager fined £10, Driver/salesman fined £10.	
Sale of mouldy sausage (Sec. 8)—fined £20.	
Sale of peas containing cockroach (Secs. 2 and 113)—fined £20.	
Sale of meat pie containing metal staple (Secs. 2 and 113)—fined £10.	
Sale of shredded beef suet affected with mould (Sec. 2)—fined £5, with £10 costs.	
Sale of loaf containing metal (Sec. 2)—fined £25.	

Examples of other complaints investigated are as follows:

- Wire in cheese.
- Hair in wrapped polony.
- Cow hair in cheese.
- Mouldy cheese slices, custard, cheese and tomato sandwiches, salmon paste, sausage, cream cake, bread, rice pudding, peanuts, tea, baby food, meat pie, curd tart, cream crisp, toddler's food, lollipops.
- Dirt in bread, sugar, bottled milk.
- Mouse droppings in flour, rice, mince pie.
- Unfit condition of sausage, roast beef, poultry, fish, oranges, slicing sausage, bacon, butter, peas.
- Rodent damaged chocolate, biscuits.
- Tainted butter.
- Metal in fish.
- Wire in liquorice, fish and chips.

Table 54 *continued*

Unfit condition of various canned foods, including Spanish rice, chopped pork, baked beans, peas.

Metal in loaf.

Various insects, including wasps, beetles, flies, moths and cockroaches in peaches, jelly, rice, canned beans, bread crumbs, bread, teacake, fish and chips, meat pie, sugar, flour, maltloaf, peas.

Match stick in jam.

Nail in chips.

Glass in jam.

Metal nut in corned beef.

Hardboard in loaf.

Feather in jam.

Concrete in milk bottle.

Stone in currant teacake.

Disinfectant tain in cake.

Dirty dough in bread.

Discolouration of corned beef.

Grease in butter.

Hair in ice-cream.

Cigarette end in sandwich spread.

Grease and carbon in loaf.

Blown canned foods.

Grease on teacake.

Dirty milk bottles.

Worm in salad sandwich.

Cardboard in milk.

Hair in chocolate rolls.

Thread in teacake.

Cardboard in meat.

Iron rust in teacake sandwich.

Pencil in salad sandwich.

Wood in cornish pasty.

Staple in meat pie.

Mould in mineral water.

Blood in milk.

Maggots in bacon.

Table 55 *Chemical Analysis of Milk, 1948—1972*

YEAR	FAT		Under 3.0%		3.0% to 3.5%		Over 3.5%		Under 8.5%		8.5% and over		Total
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	
	SOLIDS NOT FAT												
1972	2	0.4	132	22.7	448	76.9	15	2.6	567	97.4	582	582	
1971	1	0.1	308	38.1	500	61.8	12	1.5	797	98.5	809	809	
1970	17	2.9	205	35.6	355	61.5	26	4.5	551	95.5	577	577	
1969	7	1.2	169	32.4	346	66.4	58	11.1	463	88.9	521	521	
1968	7	0.8	310	33.7	602	65.5	14	1.5	905	98.5	919	919	
1967	36	3.0	381	31.6	784	65.4	72	6.1	1,119	93.9	1,191	1,191	
1966	44	3.4	453	34.7	807	61.9	87	6.7	1,217	93.3	1,304	1,304	
1965	34	3.4	304	30.1	672	66.5	14	1.4	996	98.6	1,010	1,010	
1964	28	3.6	299	38.0	959	58.4	20	2.5	766	97.5	786	786	
1963	65	4.8	573	40.9	733	54.3	46	3.4	1,305	96.6	1,351	1,351	
1962	46	3.5	513	39.6	737	56.9	19	1.5	1,277	98.5	1,296	1,296	
1961	49	4.3	326	28.9	752	66.8	41	3.6	1,086	96.4	1,127	1,127	
1960	94	5.6	448	26.7	1,134	67.7	15	0.4	1,661	99.6	1,676	1,676	
1959	27	2.0	276	23.0	895	75.0	12	1.0	1,186	99.0	1,198	1,198	
1958	27	2.0	274	21.0	990	77.0	13	1.0	1,287	99.0	1,300	1,300	
1957	71	6.0	338	28.6	772	65.3	28	2.3	1,153	97.6	1,181	1,181	
1956	94	6.7	453	32.2	857	61.1	80	5.7	1,325	94.3	1,405	1,405	
1955	28	2.6	312	28.8	743	68.6	173	16.0	910	84.0	1,083	1,083	
1954	23	2.4	189	19.5	759	78.1	168	17.3	803	82.7	971	971	
1953	33	4.2	190	24.0	567	71.8	196	24.8	594	75.2	790	790	
1952	21	2.5	168	19.5	668	78.0	196	22.9	661	77.1	857	857	
1951	14	1.9	198	27.2	515	70.9	151	20.8	576	79.2	727	727	
1950	10	1.3	188	25.6	539	73.1	95	12.9	642	87.1	737	737	
1949	8	1.7	190	40.5	271	57.8	58	12.4	411	87.6	469	469	
1948	8	1.4	235	41.7	320	56.9	131	23.3	432	56.7	563	563	

Table 56 Food and Drug Samples Procured and Examined 1972

Nature of Sample	Number examined			Number Adulterated (or otherwise giving rise to irregularity)			Total
	Formal	informal	Total	Formal	informal		
Milk	32	550	582	22	7	29	
"Appeal to cow" samples ...	3	—	3	—	—	—	
Beefburgers	—	11	11	—	4	4	
Beef and pork sausage	1	—	1	1	—	1	
Beef and potato pie	—	1	1	—	1	1	
Beef sausage	—	3	3	—	1	1	
Chicken fillets in jelly	—	2	2	—	1	1	
Chicken and ham pie	—	1	1	—	1	1	
Chopped chicken in jelly	—	1	1	—	1	1	
Cornish pasty	—	29	29	—	12	12	
Fruit salad	—	1	1	—	1	1	
Full fat soft cheese	—	1	1	—	1	1	
Lime pickle in oil	1	—	1	1	—	1	
Meat paste	—	5	5	—	2	2	
Meat and potato pie	—	4	4	—	2	2	
Meat and vegetable pie	—	1	1	—	1	1	
Menopause mixture	—	1	1	—	1	1	
Minced beef with onions and gravy	—	1	1	—	1	1	
Mixed pickle in oil	1	—	1	1	—	1	
New potatoes	—	1	1	—	1	1	
Pork pie	—	5	5	—	2	2	
Pork and hamburgers	—	1	1	—	1	1	
Pork sausage	9	42	51	7	21	28	
Potato mash mix	1	1	2	—	1	1	
Potted beef paste	1	4	5	1	3	4	
Potted meat paste	1	1	2	1	1	2	
Rheumatism tablets	—	1	1	—	1	1	
Rhubarb jam	—	1	1	—	1	1	
Scotch egg	—	1	1	—	1	1	
Steak and kidney pie	—	2	2	—	1	1	
Steak pie	—	9	9	—	5	5	
Stewed steak in gravy	—	2	2	—	1	1	
Totals ...	50	683	733	34	77	111	

In addition to the above 431 (informal) samples of a wide variety of food and drugs were taken. None were reported adulterated, etc.

The total samples taken during the year was 1,164 compared with 1,253 in 1971.

Table 57 *Food and Drug Sampling. Proceedings taken during 1972 in respect of unsatisfactory samples obtained under the provisions of the Food and Drugs Act, 1955*

1. Proceedings were instituted against the manufacturer under the Fish and Meat Spreadable Products Regulations, 1968 in respect of a sample of potted beef paste reported to contain only 54.7% of meat instead of the legal minimum of 70.0%. Penalty imposed was a fine of £20.
2. Proceedings were instituted against the retail butcher under both the Sausage and Other Meat Product Regulations, 1967 and the Preservatives in Food Regulations, 1962 in respect of a sample of pork sausage reported to contain only 57.2% of meat instead of the legal minimum of 65.0%, and in respect of the failure to declare the presence of added preservative. Penalties imposed were fines of £5 and £10 respectively.
3. Proceedings were instituted against a wholesale milk producer in respect of the supply of milk containing added water. Three informations were laid and the penalty imposed was a fine of £35 with costs of £1.

Table 58 *Various Condemned Foods, 1972*

			Tons	cwts.	lbs.
Cooked meat and meat products					
...	...	...	—	18	22
Canned meat	...	...	1	18	74
Other canned foods	...	...	8	6	98
Fish (fresh)	...	...	—	15	7
Fruit and vegetables (fresh)	...	...	55	4	79
Frozen foods	...	...	4	14	54
Other foods	...	...	1	2	66
Poultry	...	...	1	16	40
Total	...	...	74	16	104

Table 59 *Meat Inspection. Carcasses Inspected and Condemned, 1972*

		Cattle	Calves	Sheep	Pigs
Number killed in public abattoir	...	23,514	250	61,466	49,538
Number killed in private slaughterhouses	...	333	—	1,070	276
Total number of animals killed	...	23,847	250	62,536	49,814
Number of animals killed outside the City and exposed for sale in public abattoir	...	215	—	2,051	348
Number inspected	...	24,062	250	64,587	50,162
All diseases except Tuberculosis and Cysticerci—					
Whole carcasses condemned	...	29	9	106	61
Carcases of which some part or organ was condemned	...	5,936	11	4,360	2,006
Percentage of number inspected affected with disease other than tuberculosis and cysticerci		24.79	0.08	6.91	4.12
Tuberculosis only—					
Whole carcasses condemned	...	—	—	—	—
Carcases of which some part or organ was condemned	...	7	—	—	14
Percentage of number inspected affected with tuberculosis	...	0.03	—	—	0.02
Cysticercosis—					
Carcases of which some part or organ was condemned	...	74	—	—	—
Carcases submitted to treatment by refrigeration	...	59	—	—	—
Generalised and totally condemned	...	—	—	—	—

Table 60 *Meat Inspection. Whole Carcasses and Organs Condemned, 1972*

				Cattle	Calves	Sheep	Pigs
Bruising, generalised	...	...	...	—	—	2	—
Carcinoma, generalised	...	...	...	1	—	—	1
Decomposition	...	...	...	—	—	4	1
Enteritis, acute septic	...	...	...	—	—	1	1
Erysipelas, acute septic	...	...	...	—	—	—	6
Emaciation, pathological	...	...	...	12	—	—	4
Fevered	...	...	...	—	—	1	3
Immaturity	...	...	...	—	5	—	—
Jaundice	...	...	...	—	—	1	4
Mastitis, septic	...	...	...	4	—	—	—
Metritis, septic	...	...	...	—	—	—	1
Moribund	...	...	...	—	—	13	11
Nephritis, septic	...	...	...	3	—	—	—
Oedema, bowel	...	...	...	—	—	—	3
Paratyphoid, pig	...	...	...	—	—	—	1
Parasitic emaciation and oedema	...	...	...	—	—	61	—
Peritonitis, septic	...	...	...	—	—	1	1
Plerisy, septic	...	...	...	—	—	3	—
Poliarthritis, septic	...	...	...	—	2	—	—
Pneumonia, septic	...	...	...	—	1	2	—
Pneumonia, gangrenous	...	...	...	—	—	1	1
Pyaemia	...	...	...	3	—	13	19
Sarcoma (lymphatic)	...	...	...	1	—	—	—
Septicaemia	...	...	...	2	1	3	3
Toxaemia	...	...	...	1	—	—	—
Uraemia	...	...	...	2	—	—	1
Totals	...	...	...	29	9	106	61

Table 61 *Meat Inspection. Partial Carcasses and Organs Condemned, 1972*

		Partial	Lungs	Heart	Stom-	Intes-	Liver	Pluck	Head	Udder
		Carcase			ach	tines				
Inflammatory Conditions	Cattle	51	721	96	293	309	769	—	97	1,123
	Sheep	63	—	—	1,118	1,118	136	532	—	—
	Calves	1	—	—	—	—	—	11	—	—
	Pigs	85	—	—	787	787	—	1,371	192	—
Parasitic Conditions	Cattle	—	436	18	—	24	4,707	—	63	—
	Sheep	28	—	—	105	105	1,303	3,270	—	—
	Calves	—	—	—	—	—	—	—	—	—
	Pigs	—	—	—	403	403	—	1,235	—	—
Tuberculosis	Cattle	—	7	7	—	—	—	—	2	—
	Sheep	—	—	—	—	—	—	—	—	—
	Calves	—	—	—	—	—	—	—	—	—
	Pigs	—	—	—	9	9	—	8	12	—
Miscellaneous	Cattle	15	151	46	40	57	156	—	9	132
	Sheep	4	—	—	103	103	41	59	—	—
	Calves	—	—	—	—	—	—	2	—	—
	Pigs	17	—	—	49	49	—	76	16	—

Table 62 *Total Weight of Meat Condemned, 1972*

Home killed—							lbs.
Beef:	whole carcasses	...	...	...	...	...	13,133
	part "	...	..	...	...	...	1,641
Mutton:	whole carcasses	...	..	...	...	...	4,632
	part "	...	..	...	..	..	629
Veal:	whole carcasses	...	..	..	..	..	377
	part "	...	..	..	..	..	11
Pork:	whole carcasses	...	..	..	..	..	7,170
	part "	...	..	..	..	..	1,598
						Total	29,191
Imported Meat and Meat Products—							
Beef	...	...	...	..	...	...	498
Pork loin	...	...	...	..	...	...	790
Liver	...	...	...	..	...	...	103
Kidney	...	...	...	..	...	...	859
Bacon	...	...	...	..	...	...	88
Turkey	...	...	...	..	...	...	111
Tongue	...	...	...	..	...	...	157
Ham	...	...	...	..	...	...	74
Chicken	...	...	...	..	...	...	69
						Total	2,749
Weight of Offals Condemned—							
Beef	...	...	...	..	...	...	116,957
Mutton	...	...	...	..	...	...	53,982
Veal	...	...	...	..	...	...	78
Pork	...	...	...	..	...	...	47,154
						Total	218,171

The total weight of meat condemned was 250,111 lbs.

